

FOR AMATEUR BOXING:

**THE REPORT OF THE AMATEUR
BOXING REVIEW COMMITTEE**

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INTRODUCTION

On October 14, 1983, the Honourable Reuben Baetz, Minister of Tourism and Recreation, announced that he was appointing a three-person committee to investigate amateur boxing in Ontario. "I have come to the reluctant conclusion that we need an independent, third party to look at amateur boxing in the province to provide us and the boxing world with some advice," he told the press.¹

Terms of reference for the committee were as follows:

The Amateur Boxing Review Committee will study and make recommendations to the minister concerning:

- the rules, procedures, and administration of boxing in Ontario, particularly as they pertain to the safety and well-being of the participants
- the effects of the existence of two separate governing bodies - Boxing Ontario and the Ontario Amateur Boxing Association - upon the safe conduct of the sport, and the possibilities for the creation of a single unified governing body for amateur boxing in the province
- the regulatory role of government in amateur boxing in Ontario
- other matters relevant to the above which may establish themselves during the course of the investigations.

This report presents the findings of our inquiry. During the course of an eight-month investigation, the committee met with officials and members of the two amateur boxing organizations in Ontario, the government officials

responsible for boxing and amateur sport, and countless others involved with the sport. We visited boxing shows, coaches' clinics, a meeting of Ontario boxing physicians, and the annual meeting of Boxing Ontario. One of our members attended an international conference on boxing injuries, while another was able to get a first-hand look at boxing in the German Democratic Republic. We reviewed the most up-to-date scientific literature on the question of boxing injuries and previous studies of boxing undertaken in Canada. We consulted sport scientists designing equipment for the prevention and detection of boxing injuries and participated in a demonstration of the technology developed for that purpose. We administered a questionnaire to all boxing clubs in the province.

These activities and the persons we consulted are indicated in Appendix 1. They all played a part in helping us reach our conclusions and we are grateful for their assistance. We would like to single out the following persons for special thanks: Allan Koyanagi, who acted as committee secretary; Jeff House, David Kidd, Helen Lenskyj, Tony D'Urzo, and Tina Walters, who helped with the research; John Smart, of the Public Archives of Canada; Ken Hamilton, Frank Roth, and Peter Wylie of the Cabbagetown Boxing Club; Harold Smyth, Denis Bradley, and Cornelius Derks, Boxing Ontario; Frank Bricker, the Ontario Amateur Boxing Association; Clyde Gray, Ontario Athletics Commissioner; Marjorie Keast and John Thorsen, Ministry of Tourism and Recreation; Klaus Huhn, Neues Deutschland; Rob Beamish and Michael Plyley of the School of Physical and Health Education, University of Toronto; and Jane Springer, who helped prepare the manuscript for publication.

Final responsibility for the report, of course, rests with us.

B.K.
F.C.
B.S.

1. BACKGROUND TO THE STUDY

On September 30, 1982, the Globe and Mail's sports section published a front-page article by Paul Palango highly critical of amateur boxing in Ontario. Headlined "Amateur Ring Rules on the Ropes," it alleged that:

- "Supervision over amateur boxing is so slipshod" that young boxers are often mismatched, a situation that can lead to serious injury; four cases of apparent mismatch were described in the article.
- Boxing Ontario, the provincial affiliate of the Canadian Amateur Boxing Association, either cannot or will not enforce its own rules; the article claimed that Boxing Ontario did not properly administer its own passport system, which provides an essential safeguard against the misrepresentation of boxers. "A number of current passports (do not contain) a picture of the passport holder, as is required."
- Boxing Ontario officials had pressured boxers to compete when they were injured. The article cited the case of a fourteen-year-old Toronto boxer, Asif Dar, who, while representing Boxing Ontario in South Carolina in 1981, found himself in the ring against a much older and more experienced opponent. "After Dar lost and complained to his coach in Toronto about the mismatch and the fact that he was sick, a Boxing Ontario official at Myrtle Beach overruled the coach and forced Dar to fight another South Carolina boxer three days later."
- "a political battle between two Government ministries, Consumer and Commercial Relations and Tourism and Recreation" has prevented the Ontario boxing commissioner, Clyde Gray, from carrying out his responsibilities for regulating the sport under the

Athletics Control Act. "Amateur groups are reluctant to give me information," Gray said in the article. "It's like pulling teeth. I'm supposed to get reports after each fight, but very few clubs give me reports. I have no leverage over them."

Although it quoted Denis Bradley, technical director of Boxing Ontario, in defence of his association's administration, the Globe article gave the overall impression that amateur boxing was unsafe and disorganized. In the next few days, these allegations were repeated by other newspapers and radio and television stations across the province. The media discussion touched a raw nerve in public opinion, contributing to the revival of the age-old debate about the merits of boxing and setting the stage for the Amateur Boxing Review Committee.

a) The Debate About Boxing

In recent years, boxing in North America has been enjoying a resurgence in popularity. At the amateur level, both registrations and the number of bouts have been on the increase, and Ontario boxers have achieved greater competitive success than at any time since World War II. In 1981, at the World Cup in Montreal, Toronto's Shawn O'Sullivan won a gold medal in the light middleweight class, while Elliot Lake's John Raftery won a bronze medal in the welterweight class. Professionally, the sport has once again become a television favourite and has been the subject of commercially successful feature films like Raging Bull and Rocky. Yet even in periods of great popularity, boxing has had its critics. Whereas adherents celebrate its display of athletic grace and physical courage and praise it for the mental and physical alertness and self-discipline it helps develop, opponents condemn it as unfit for civilized society.

Versions of this debate can be traced back some 2,000 years to the critics of the ancient Olympic Games, where boxing was one of the most prestigious events. The physician Galen, following Hippocrates, argued that the physical punishment received by the boxer led to a miserable life and early death.² In the modern period, the attack on boxing began in England with the Puritans, who condemned it as "unnatural" and along with cudgelling, bear-baiting, bull-running and cock-fighting sought to have it abolished.³ By the nineteenth century, despite considerable aristocratic and working-class patronage, the opponents of boxing, largely members of the new middle classes, were successful in having the professional sport, or prize-fighting as it was called, declared illegal and this effort was repeated in most parts of the English-speaking world.⁴ In Canada, Parliament banned prize-fighting in 1881.⁵

In most places, the campaigns against prize-fighting were part of a much broader social movement to "rationalize" or "improve" popular recreations in an effort to combat idleness, elevate the level of social awareness, and improve social harmony. Often, the same groups that sought to ban prize-fighting were involved in temperance agitation and campaigns against gambling, prostitution, and cruelty to animals. They sought instead to foster "improving" recreations, such as adult education and the reading room, gardening, church schools, and amateur sport. Social historians have concluded that these campaigns were essentially projects of social control in which certain groups sought to impose their particular values on the whole society, often with the force of the state. In the case of boxing, the reformers sought to create a new standard for the display of the body and the use of leisure.⁶

The nineteenth century did not witness the disappearance of boxing, however. The same groups that

banned it as a commercial spectacle retained it as part of the educational system they developed for their male children, which was organized around sports and games. "Learn to box, then, as you learn to play cricket and football. Not one of you will be the worse, but very much the better for (it)," Thomas Hughes told his readers in his highly influential Tom Brown's School Days, first published in 1857.⁷ Although Hughes encouraged his boys only to spar, the Queensbury Rules were developed soon afterwards to stimulate competitive amateur boxing and the sport quickly spread. In 1904, it became part of the reviewed Olympic Games. In Canada, it came to be taught in schools, playgrounds, universities, and prestigious boys' camps such as Taylor Statten's Camp Amek in Algonquin Park. In 1920, for example, an Ontario Department of Education circular advised high schools to teach it "for the values of the manly art of self-defense."⁸

But amateur boxing could not completely escape the ignominy of its association with prize-fighting, which had never been completely suppressed and still evoked the reformers' wrath. During the 1920s, when governments across Canada decided to permit professional boxing under government regulation, public pressure persuaded them to bring amateur boxing under the same control. After World War II, it lost much of its institutional support. It was dropped by the YMCA in 1954 ("because of the many unfavourable situations, attitudes and practices surrounding competitive boxing"), by the armed forces in 1955, and by most Canadian universities during the 1960s.⁹ In 1965, the National Advisory Council for Fitness and Amateur Sport withdrew its financial support. Federal assistance was only reinstated after a report by Dr. William Orban of the University of Ottawa found that "in spite of the fact that repeated blows to the head have an accumulative effect on brain deterioration, there is no evidence this

does in fact exist in Canadian amateur boxing today."¹⁰ Although membership records have not been kept, it is generally believed that more Canadians engaged in amateur boxing in the 1930s than today, despite the increase in the age cohort which normally takes part in competitive sport.

While explanation for the relative demise of amateur boxing is necessarily complex, the unfavourable public image presented by professional boxing continues to cast a shadow over the sport. In fact, post World War II developments sharpened the critique. In the 1950s, a U.S. Senate investigation found that professional boxing was controlled and manipulated by a monopoly closely associated with organized crime.¹¹ At the same time, there appeared to be no abatement in the number of boxing deaths. According to Ring, an authoritative boxing magazine, 341 boxers, most of them professionals, have lost their lives in the ring since 1945.¹² These fatalities have strengthened the call for reform. In 1979, the death of professional boxer Willy Classen prompted the New York State Boxing Commission to make sweeping changes in its regulations governing professional boxing.¹³ In 1980, the death of professional boxer Cleveland Denny in Montreal led the Quebec and Federal governments to establish task forces to recommend changes in the sport.¹⁴ Although these reports led to important improvements, they were scathing in their judgements of existing professional practices. They did little to reassure the public about safety in the sport.

It is important to keep two points from this discussion in mind. First, while the Palango article raised serious doubts about safety in amateur boxing in Ontario, it also contributed to a debate about the very nature of boxing itself. Part of this debate revolves around medical questions that can be settled, to a

considerable extent, by empirical tests. But much of it still involves conflicting values about the personal use and display of our own bodies and the appropriate use of leisure. These issues are extremely difficult for any committee to sort out, let alone resolve. It involves public control over private choice.

Secondly, the Globe allegations were about amateur, not professional boxing, yet this distinction tended to disappear in the ensuing public discussion. Although we may refer to professional boxing from time to time, the subject of this study is strictly amateur boxing. We have no comment or recommendations about professional boxing, or any other combative or body contact sport.

b) Safety in Amateur Boxing

Although Palango did not know it at the time, the Ministry of Tourism and Recreation had decided in the week prior to the publication of his article, to initiate an inquiry into amateur boxing in Ontario. Ministry officials thought there was sufficient doubt about safety in amateur boxing to warrant an inquiry. The publication of the Globe article "spurred (their) decision to create the task force."¹⁵

The source of the ministry's concern was the charges by Cabbagetown coach Ken Hamilton that boxers were being placed at risk by the mismanagement of Boxing Ontario. Hamilton had long been a critic of the refereeing and administration of the provincial association. After the 1979 Ontario Junior championships, for example, he wrote technical director Bradley to complain that one boxer in the tournament repeatedly committed fouls and "brawling tactics" and to urge that the referee in question be suspended.¹⁶ Hamilton made some effort to advance his ideas of reform through the decision-making structures of Boxing

Ontario, but in 1980, he began to go over the heads of Boxing Ontario's elected executive and appeal directly to public officials and the press. The Asif Dar incident in 1981 seemed to confirm Hamilton's charges. Although Boxing Ontario offered an explanation for every indictment of its practices, and in wake of the Asif Dar incident, approved changes in the procedures for provincial teams that the Cabbagetown club seemed to accept, Hamilton continued to bring forth new charges. In May 1982, he began to call for a provincial inquiry. In the ensuing weeks, the Sport and Fitness Branch of the Ministry of Tourism and Recreation concluded that Boxing Ontario was not enforcing its rules uniformly and recommended that the inquiry be undertaken. The ministry's greatest concern was boxer safety.

c) Government Regulation

Several interrelated issues contributed to the Committee's appointment. The first was the question of government regulation: what conditions justify state intervention in a voluntary activity like amateur sport? Are these conditions present in amateur boxing? Hamilton's appeal for a government inquiry was predicated on his belief that the risk of injury in the sport necessitates public supervision. In this, he differed sharply from the elected executive of Boxing Ontario, which held that persons in the sport were quite capable of governing it themselves and that government regulation interfered with effective administration of the sport. This was no abstract debate, for under the Athletic Control Act and the regulations established under the Act, the Ontario Athletics Commissioner enjoys wide powers over amateur boxing in the province. Boxing and wrestling are the only amateur sports to be regulated in this way.

The office of the Ontario Athletic Commission was created by the Athletics Control Act of 1920. Initially, the commission's responsibility was limited to professional boxing and wrestling, but in 1928 its authority was extended to cover amateur boxing and wrestling. Subsequently, an Athletics Commissioner was appointed in lieu of the commission.¹⁷ By 1970, the Athletics Control Act gave the commissioner authority to:

- order an investigation into any aspect of amateur sport
- prohibit the use of any building for a contest of amateur boxing or wrestling
- designate the officials for any amateur boxing or wrestling event
- designate the rules for amateur boxing and wrestling, including the equipment to be used
- issue licences and levy fees for amateur boxing and wrestling events
- issue licences and levy fees on amateur boxers and wrestlers, and referees, seconds, and other officials in these sports.¹⁸

Not all these powers continue to be exercised, however. For example, since the early 1970s when the Ontario Amateur Wrestling Association (OAWA) was established, the commissioner has allowed the OAWA to conduct its activities without reference to the commissioner's office. Since 1973, the commissioner has allowed Boxing Ontario to conduct its competitions under the Canadian Amateur Boxing Association (CABA) rules, and therefore to ignore the rules required by

Regulation 65 of the Athletics Control Act. He has also allowed Boxing Ontario to use CABA - certified referees and officials rather than the officials licensed by his office. He has, however, continued to insist that Boxing Ontario apply for a licence for each of its sanctioned bouts, pay the licence fee, and complete the required post-bout report.

During the 1970s, representatives of Boxing Ontario began to argue that they should be freed from the requirements of the Athletics Control Act by an amendment that would de-regulate amateur boxing and wrestling. Although much of the regulation had become a formality, they feared that the commissioner might re-exercise his full powers at any time. In 1972, the then commissioner M.L. McKenzie tried to stop a Boxing Ontario contest because it was not being held under the rules established by Regulation 65. Boxing Ontario deeply resented this attempt, for it believed the commissioner's rules were unsafe and indistinguishable from those of professional boxing, from which it sought to differentiate itself; and that the officials licenced by the commissioner were unfamiliar with CABA rules.

Partially in response to Boxing Ontario's request, the question was given careful consideration by the responsible ministry, Culture and Recreation. Between 1971 and 1978, four staff officers and two independent consultants all recommended that the Act be changed to give Boxing Ontario complete control over its day-to-day affairs. In 1974 and 1978, draft legislation to this end was submitted to cabinet.

In 1979, the Athletic Commissioner's Office and responsibility for the Athletics Control Act was transferred to the Ministry of Consumer and Commercial Relations. The Cabinet minutes approving the transfer indicated that Culture and Recreation (now Tourism and

Recreation) would retain responsibility for amateur sports and the two ministers signed a Memorandum of Understanding to that effect.¹⁹ Yet the ministries differed on the approach that was to be taken to amateur boxing. While Tourism and Recreation officials generally believed that the commissioner should leave Boxing Ontario alone, Consumer and Commercial Relations felt that the commissioner was obligated to carry out his responsibilities under the Act, lest he be legally liable for neglect of duty.

By the summer of 1982, a compromise had been reached. Boxing Ontario would continue to apply for licences for its matches, and the commissioner would grant them automatically.²⁰ But Hamilton's allegations made all parties uneasy: what if he was correct and Boxing Ontario was incapable of ensuring the safe conduct of the sport? If a boxer had been seriously hurt, who was responsible? Hamilton had appealed to Gray to intervene, yet Gray felt bound and frustrated by the Memorandum of Understanding. He also felt that amateur and professional boxing were so closely related that they should be regulated by the same office. On the other hand, while Tourism and Recreation officials felt that amateurs should be kept separate from professionals, and that they were responsible for amateur sport, they recognized that as long as the Act remained unchanged, the jurisdictional question would be unsettled. If amateur boxing needed a house-cleaning, it had to be determined which ministry was responsible.

d) Divided Jurisdiction

These questions were further complicated by the existence of a second amateur boxing network in Ontario - the Ontario Amateur Boxing Association. The OABA was formed in the late 1940s in response to what was considered the unnecessarily strict rules of the Boxing

Committee of the Amateur Athletic Union of Canada (AAU), the governing body for amateur boxing in Canada until 1969, when it was replaced by CABA. The OABA never became a sports governing body in the formal sense, with the full apparatus of a constitution, elected officers, registration, membership dues, annual general meeting, budget, committees, and so on, but operated as a loose association of boxing clubs and promoters outside the AAU. Bouts were staged under the commissioner's rules with officials licenced by him. Clubs were completely self-supporting and kept whatever funds they earned from boxing shows.

Outside the AAU, clubs could maintain a much closer relationship with professional boxing and they often did, for they saw no inherent difference between amateur and professional boxing and they encouraged their most promising boxers to turn professional when they could. But this freedom had one major drawback: as there was no counterpart to the OABA in other provinces, and as the AAU held Canadian membership in the International Amateur Boxing Association, OABA boxers could never compete outside Ontario. Early in its history, some OABA boxers had joined the AAU to enter national tournaments and to try to qualify for Olympic, Commonwealth and Pan-American Games teams. But CABA, the AAU's successor, has never allowed dual membership. Therefore OABA athletes like John and Gary Summerhayes, who became successful professional boxers, never competed for Canada as amateurs.

During the 1970s, when it provided services to both organizations, Culture and Recreation made several attempts to persuade the OABA to merge with Boxing Ontario. It is a tenet of provincial sports policy that there should be a single, unified structure for each sport.²¹ In the case of boxing, the ministry wanted to bring OABA activity under CABA rules, which it felt

were safer and more in keeping with the values of amateurism it sought to foster. The ministry thought the promise of national and international competition would be sufficient to bring the OABA to terms. Yet the differences between the two groups proved irreconcilable. The specific stumbling blocks were CABA's opposition to pro-am cards (that is, professional and amateurs fighting on the same card), which OABA clubs staged as fund raisers; prohibition of "professional coaches" (that is, coaches of professional boxers such as OABA President Frank Bricker); and CABA's mandatory requirement that headgear be used in competition (in the OABA, headgear is optional).

When the office of the Athletic Commissioner was transferred to Consumer and Commercial Relations, it seemed the OABA had found a champion in the new commissioner, Clyde Gray, a former professional boxer who seemed more at home with the OABA than with the strict amateurs of Boxing Ontario. On occasion, Gray has been quoted in the press as being highly critical of Boxing Ontario.²² It seemed that as long as Gray was commissioner, the OABA would be able to operate under the old arrangements. Nevertheless, in the summer of 1982, the Ministry of Tourism and Recreation initiated a fresh attempt to bring Boxing Ontario and the OABA together. When the Ontario Amateur Boxing Review Committee was appointed, that task was turned over to us.

The existence of the OABA raised several questions for our inquiry. First, to what extent did divided jurisdiction increase the risk of serious injury in the sport? Does the imperative of boxer safety necessitate amalgamation? Secondly, what are the other arguments for and against amalgamation? If the two bodies are to be joined, what should be the terms of union? These questions also underscore the need to settle the question of public jurisdiction in boxing.

The above circumstances, then, provide the background to our study. Although our primary responsibility was to investigate safety in amateur boxing this task was complicated by the larger debate on boxing in general, the tangle of divided jurisdiction, and the continuing conflict between two sports organizations.

CHAPTER TWO

SHOULD AMATEUR BOXING BE ABOLISHED?

The Ministry of Tourism and Recreation did not ask us to consider this question. On the contrary, it actively encourages the sport. It gives Boxing Ontario financial and administrative assistance and it has designated boxing one of nineteen sports to be contested in the prestigious Ontario Winter Games. Yet during the course of the inquiry, in the wake of the death of professional boxer Duk Koo Kim and several other savage bouts in the United States,²³ the question of boxing's abolition was raised again and again.

On November 14, 1982 the New York Times published an editorial likening boxing to public hangings and expressing the hope that it "will eventually cease." On January 14, 1983, the Journal of the American Medical Association published two guest editorials calling for the sport's suppression. None of these editorials distinguished between amateur and professional boxing. On April 4, 1983, the Toronto Star reported that 36 per cent of Canadians interviewed by the Gallup poll (and a majority of women and persons over fifty) said they wanted professional boxing abolished. On June 21, the American Medical Association passed a resolution calling for the "elimination of boxing from amateur scholastic, intercollegiate and governmental athletic programs" and two resolutions calling for tighter regulation of professional boxing.²⁴ In July, the Report of the Ontario Review Committee on Kickboxing and Full Contact Karate concluded that "all sports in which the intent was that of causing brain damage (boxing, professional and amateur; kickboxing and "full contact" karate; etc.) should be banned." This view was subsequently endorsed by Globe and Mail sportswriter Paul Palango (July 26,

1983) and a lead Globe editorial (August 3, 1983). Professional boxing has been declared illegal in Sweden and Norway.²⁵ In 1982, a group within the British Medical Association began a campaign to ban pro boxing. The Ontario Medical Association plans to address the question in fall 1983.

Under these circumstances, we felt we must address this issue ourselves. We have been told that if boxing were banned, it would simply go underground where, without regulation, it would be even more unsafe than it is at present. We have been told that in a liberal-democratic society, individuals should be free to engage in any activity they choose, as long as it does not harm anyone else. Neither of these arguments is completely valid. In the first place, the likelihood that a few people would defy the prohibition is hardly an argument against such prohibition. Otherwise, we would repeal the laws against murder, rape, and theft because people break those laws as well. A ban on boxing might not be totally effective, but the withdrawal of public sanction would significantly reduce the level of boxing activity.

Secondly, Canadians generally accept some limit to individual freedom, usually on the grounds that the safety of individuals should be protected - even against their own actions - in the community interest. Under Canadian law, "no person is entitled to have death inflicted upon him (her), and such consent does not affect the criminal responsibility of any person by whom death may be inflicted upon the person by whom consent is given."²⁶ Under the Highway Traffic Act, for example, motorcyclists are required to wear protective helmets, although the wearing of a helmet affects their own safety.²⁷ In addition, Canadians have generally accepted limitations on individual actions that might prove costly to society. In 1980, the Ministry of Transport refused a U.S. citizen permission to fly to

Europe via the Canadian north, on the grounds that if his adventure had failed, a costly rescue would be necessary.²⁸ Since Canadians accept the right of democratically elected governments to impose some restrictions upon individual freedom, especially in the case of activities believed to be dangerous, and since this report has been commissioned by the government, we have decided that abolition is a valid option that must be considered.

The arguments against boxing fall into two categories: ethical and medical-empirical. Let us consider each in turn.

a) Ethical Arguments and Counter Arguments

One of the most comprehensive statements of the ethical arguments against boxing is the article, "Is Professional Boxing Immoral?" by Catholic theologian Richard A. McCormick, first published in 1962 by Sports Illustrated following the ring death of Benny Paret. McCormick identifies three arguments commonly used by abolitionists:

1. The knockout:

"directly and violently to deprive himself or another of the use of reason is morally reprehensible except for sufficient cause."

2. The intent of injury:

"(Professional boxing) as now practised tends directly to inflict (physical) damage. Man does not possess the right directly to inflict damage on himself or another in this way. He is not the absolute master of his person to destroy or mutilate as he wishes. Absolute dominion over man's integrity is possessed

by God alone. As a creature, man is an administrator charged with the duty and privilege of reasonable administration. His ability directly to mutilate himself is severely limited Applying these principles, theologians believe that when a man pounds another into helplessness, scars his face, smashes his nose, jars his brain, and exposes it to lasting damage, or when he enters a contest where this could happen to him, he has surpassed the bounds of reasonable stewardship of the human person. Surely there are equally - or more - effective ways for men to learn the art of self-defense."

3. Fostering of brutish instincts:

"Man is a delicate combination, midway between animal and angel, with a bit of both in him. His characteristic balance is achieved when he harmonizes these elements. When he fosters one to the neglect of the other, he tends to become either a disengaged dreamer or a savage."²⁹

McCormick rejects the first of these arguments, on the grounds that it cannot be shown that every knockout produces "the loss of reason" nor that every boxer seeks to deprive his opponent of his mental powers. Yet his analysis leads him to accept the second and third arguments, and he concludes that professional boxing should be abolished. Versions of these arguments provide the basis of current proposals for abolition, even by proponents within the medical and scientific communities. For example, Dr. William Dowda told the AMA that "any sport whose objective is to injure human being is an abomination. There is absolutely no moral justification for a sport that condones a brain concussion."³⁰

These are powerful arguments. In our view, all

human societies ought to discourage violent and brutish behaviour. Yet we cannot accept the application of the abolitionists' arguments to amateur boxing. We will demonstrate here that the case against amateur boxing is not proven.

i) The "Intent to Injure"

Is the "intent to injure" present in amateur boxing? The Committee was unable to agree. One investigator has equated "the intent to knock out" with "the intent to injure" and found that:

approximately half of those questioned concerning their attitude toward knocking out their opponent responded in the affirmative ... (I have concluded) that there are not an insignificant number of competitors in amateur boxing in Canada who have formulated the intention of at least knocking their opponent out. It follows therefore that these individuals theoretically have as their aim to injure their opponent.³¹

On the other hand, some of us doubt whether any boxer seeks to hurt his opponent. He wants to contain and control him, to dominate him physically and make him feel his power, but he does not want to hurt him. In fact, the rules of the sport are designed to prevent this. If he did intend to injure, he would expect injury to be the outcome of all bouts. And yet boxers do not expect to be injured themselves.

Whether or not the "intent to injure" is present, the Committee agrees that to define amateur boxing solely by this objective is to misrepresent the nature of the sport, by claiming that one part of boxing is actually the whole. In the first place, the desire to avoid injury, by developing superior fitness and the

skills of blocking, slipping, and countering punches is also an essential element of the sport and to a considerable extent serves as a check upon an opponent's ability to injure. Those not familiar with boxing overlook the importance of defensive skills and tactics, but they are integral to both training programs and the lore of the sport. In the Technical Coaching Manuals developed by CABA, for example, several defensive manoeuvres are demonstrated for each type of punch and tactic of attack.³²

What makes the sport fascinating to participants is not only the challenge of delivering scoring blows against a well-prepared opponent, but the complex challenge of delivering and avoiding blows in a fast-changing situation. This is not to deny the physical risk of boxing, but to qualify its designation as an activity where the intent is to maim. Critics who stress the punching or hitting in boxing to the neglect of the defensive skills miss the extent to which the dynamic of the contest places a premium on athleticism.

The counter-argument can be extended by an examination of the rules of amateur boxing. Unlike professional boxing, where rules vary significantly between jurisdictions, all national bodies affiliated with the International Amateur Boxing Association, such as CABA, use essentially the same rule book. If the rules effectively define the nature of the sport, it would appear that amateur boxing has made a concerted effort to hedge in "the intent to injure." Under the CABA rules:

- Boxers are matched according to weight, age, experience, and where possible, demonstrated ability, to minimize the possibility of a lopsided contest and injury.

-
- By comparison with professional boxing, where bouts can be as long as 15 three-minute rounds, there are only three rounds of three minutes duration; age-class boxers fight rounds of two minutes. This reduces the possibility boxers will become vulnerable to attack through fatigue.
 - The main object is to score points by hitting the opponent in the designated area with the knuckles of the fist, not "to inflict injury"; good defensive skills are valued because they help a boxer reduce his opponent's point score.
 - The force of the blow or its effect on the opponent does not count. A blow that knocks a boxer to the mat receives no more points than a regular blow. A knockdown is scored as a single blow and does not necessarily make the boxer the winner of that round.
 - If a boxer is knocked down or unconscious, he cannot be "saved" by the bell.
 - The referee does not score but is instructed to give all his attention to ensuring boxer safety. He may:
 - caution a boxer to let him know he is violating fundamentals and rules
 - stop the bout if a boxer is outclassed (Referee Stops Contest (RSC)) or if a boxer loses vision through injury
 - give a boxer a standing eight-count to enable him to evaluate the condition of a boxer who appears unable to defend himself

- stop the bout, in the case of an apparent injury, to permit the doctor to examine the boxer and get a second opinion. Either the referee or the doctor may then decide to stop the bout.
- If a boxer sustains repeated blows to the head, the referee is required to stop the bout and award it to the boxer's opponent (Referee Stops Contest - Head (RSCH)). If the boxer is counted out because of repeated blows to the head, or sustains knockout or concussion, he is immediately given a neurological examination. If he sustains two knockouts in a three-month period, he is suspended from participation for three months; three knockouts in a twelve month period, a twelve month suspension. After a year's suspension, the boxer must pass a comprehensive neurological examination before being allowed to box again. This rule is consistent with the treatment given persons who sustain concussions in all other walks of life.

In many of these respects, amateur boxing differs from the professional game. In his last fight, according to a recent article in the New York Times,

Duk Koo Kim appeared to progress through several stages of concussion. Through the first seven rounds, though he took a heavy pounding, he gave as good as he got, fighting in a bruising head-to-head style remarkably similar to his opponent's. Then, in the eighth, Kim's style suddenly changed. For the first time in the fight, he slowed the pace, loosening up and dancing a bit. Though he returned to the attack several times through the remaining rounds, it now seems that Kim may well have begun experiencing the

slowed reflexes and coordination problems characteristic of the second syndrome.

During the next three rounds, Kim's fatigue became more and more apparent. By the 11th, Kim's pointed ferocity was degenerating into a kind of wildness, and in the 12th round he was stumbling occasionally and taking damaging shots to the head. Though it was apparently two punches in the 14th that killed him, Kim took his worst beating in the 13th, as Mancini hit him some 40 times in a row. The majority of the unanswered blows were to the head. It was the kind of battering that causes the groggy state and worse, and Kim was clearly showing the symptoms. He was wobbling and seemingly defenseless.³³

This would never have happened in amateur boxing. In addition to the protection of the three-round limit, it is virtually a certainty that the referee would have stopped the bout well before Kim was in danger. The day before the Kim-Mancini fight, professional boxer Alexis Arquello was knocked unconscious in the fourteenth round after a barrage of twelve unanswered punches. Again, it is unlikely that an amateur bout would end this way - the referee would have stopped it first.

It seems to us that the amateur rules provide a real measure of the "reasonable administration" of the body McCormick expects from both individuals and society. If we are correct in this, the "intent to injure" argument loses much of its force.

ii) Does Boxing Foster "Brutish Instincts"?

What are the meanings conveyed by different sports?

Is marathon running the pursuit of ever-improving human performance, as most athletes believe, or the symbol of humankind's increasing subservience to the dictates of exploitative science, as critics have argued?³⁴ Is Canadian football a celebration of skill, teamwork, and Canadian unity as many believe (especially around Grey Cup time), or an expression of the "kill or be killed" values of the marketplace that have eroded indigenous Canadian culture?³⁵ We raise these questions not to condemn other sports, but to illustrate the range of meanings that can be drawn from any sport, especially when participants and spectators bring different perspectives to bear.

While some regard boxing as the representation of an anachronistic savagery, others have praised it as an ennobling skill. Victorian novelist Charles Dickens disapproved of his contemporaries' ban on prize-fighting and employed the image of the sport to represent "the viability of an egalitarian, technocratic and humanitarian stance in the world."³⁶ The French critic Roland Barthes called boxing "a Jansenist sport, based on a demonstration of excellence."³⁷ American writer A.J. Liebling gave it the now familiar epithet of "the sweet science." Liebling was fascinated by the artistry of boxers and the epic dramas their contests evoked. He frequently reported boxing matches in the language of dance and drama critics.

In his account of the 1955 professional heavyweight championship between Archie Moore and Rocky Marciano, Liebling likened Moore, the aging and cerebral challenger, to Captain Ahab in Melville's classic American novel, *Moby Dick*. A lightweight in the closing years of a distinguished career, Moore was the most perceptive and craftsmanlike boxer of his day: "the most premeditated and best

synchronized swayer in his profession, his motions about as uncertain as Margot Fonteyn's or Arthur Rubinstein's." The powerful and undefeated heavyweight champion (Marciano) would challenge all of Moore's ambition, skill and cunning. Everything he had learned in the ring persuaded him that if he pursued him carefully and scientifically, the elusive and majestic "white whale" would be his. If the quest told a familiar story, so did the final result. Moore employed all his skill and training against Marciano, keeping him at bay while stunning him with several beautifully thrown harpoons. But in the end, like the white whale, "the champion simply overflowed Archie It was a crushing defeat for the higher faculties and a lesson in intellectual humility, but he had made a hell of a fight."³⁸

In our view, it is the widely accessible drama these writers have captured - two men facing each other, with nowhere to turn but to themselves -and not the possibility of injury that has drawn so many people to boxing. Participants accept a measure of physical risk and seek to demonstrate courage, skill, intelligence, and grace. In doing so, they can inspire and add richness to the lives of those who follow it. The total image presented by boxing is more complex than the abolitionists would allow: the risk of physical injury is offset by strength, calculation, finesse, and concern for fairplay. We see no inherent justification for abolition.

Does boxing encourage a bloodlust among spectators? It is difficult to know precisely what this means or how it could be tested. There is considerable scholarly literature on the relationship between what is called "violence" in sports, including forceful contact permitted by the rules, and violent crowd behaviour, but the evidence is inconclusive.

Although it suggests that watching a body contact sport may stimulate aggressive behaviour among spectators and does not produce the cathartic effect sometimes claimed,³⁹ it also indicates that crowd violence may take several forms and that causation is complex. Violent behaviour in the stands does not always stem from athletes' actions.

In the case of "soccer hooliganism", the crowd violence and rampaging that have plagued British soccer for more than two decades, scholars have identified several patterns of causation. Some have located its origins in the rivalries among different groups of working-class youth. Others suggest that the "labelling" of incidents by the mass media and public figures unwittingly encourages such behaviour. Still others have argued that the roots of "soccer hooliganism" must be traced to the dwindling employment possibilities faced by young people in the declining British economy, and the response to this crisis by the British state. To be sure, some observers have attributed soccer crowd violence to recent changes in the game, such as the decline of the soccer club as a neighbourhood focal point as the game has been reorganized as a national television entertainment, and the increasing use of what is called the "professional foul", but overall, these changes are given a minor weight. What happens on the field does not seem to be a factor of significance.⁴⁰

The literature on boxing, although not extensive, makes a similar point. In 1980, U.S. boxer Marvin Hagler was showered with beer bottles by the London crowd that had just watched him defeat Englishman Alan Minter for the professional middleweight crown. According to sociologist Michael D. Smith, the prime precipitator of this riot was not the fight itself, but

the racial hatred that both camps had fed prior to the fight. After the bout, outside the arena, the crowd chanted racist slogans. Smith concluded that this outburst, which he termed a "confrontation riot", was similar to those associated with other sports, notably soccer.⁴¹

The research on boxing fans suggests that there is a considerable difference between popular belief and reality. Sociologist Thelma McCormack found that fans were always portrayed as savages in nine Hollywood prize-fight films made between 1939 and 1980. "Kill him! Kill him!" is standard dialogue. In the 1949 movie Set-up, the camera lingers on a fat man in the crowd shovelling food into his mouth as the action builds in the ring; a blind man listening on the radio screams at one of the boxers to "go for the eyes".⁴² By comparison, Terry Furst found that the reactions of real-life New York boxing audiences were extremely varied, and may be most significantly affected by the expectations spectators bring to the ring and the seating arrangements of the arena where the fights take place.⁴³

It is our personal experience that knowledgeable boxing fans are often opposed to unnecessary punishment in the ring and call not for blood, but for the referee to stop a one-sided bout. Boxers have this perception as well. Former Olympic and professional heavyweight champion Floyd Patterson told a Cross-Canada Check-up audience that in a fight against the then Cassius Clay, Patterson evaded and effectively countered a seven-round combination thrown by Clay, and received a standing ovation.⁴⁴ Here, too, the abolitionists oversimplify a complex reality.

iii) The Issue of Censorship

The moral argument is essentially a call for the censorship of a particular form of recreation and cultural expression, an attempt to impose on everybody else one view of how humans should use and display their bodies. We are opposed to this unless it can be shown that boxing clearly violates the basic human rights of persons (or subjects the boxer to an unacceptably high risk of serious injury, a question we consider below). In our view, boxing does not violate human rights. As we have already indicated, the basis of amateur boxing is that competitors willingly participate, are evenly matched, and respect the rules. Amateur boxing does not present an example of random assault, or the violence against women, the young, and the defenceless that many groups today seek to prohibit.

Because so few public institutions offer boxing programs, few Canadians have first-hand knowledge of the sport. When tragedy occurs, they decry its brutality. By comparison, many have played hockey and football themselves and accept the physical risks involved. As a result, when a hockey or football player is seriously injured, they respond that "injury is part of the game", or call for improved standards, but they do not call for legal prohibition. Although the question has not been systematically investigated, we suspect that this difference in experience partially accounts for the double standard that is often taken towards injury in these sports.⁴⁵

In an earlier period, boxing skills were closely associated with a dominant view of masculinity. A boy was encouraged to box because the hard training and test of courage in the ring was expected to teach him how to defend himself and to develop the self-

discipline and spirit closely associated with "manliness". Today, what constitutes "masculinity" has many different interpretations. The traditional norms have been undermined by dramatic changes in the household and workplace, and explicitly challenged by the women's movement, the fitness and environmental movements, and many individuals. For many, physical combat, even within the regulated confines of sport, is no longer considered "civilized".⁴⁶ These changes, too, have contributed to the current wave of abolitionist sentiment.

It is perfectly acceptable to us if some parents no longer want their children to box, and school trustees and physical educators continue to keep boxing out of the schools. That is their decision. We are well aware that some Canadians associate boxing with a version of masculinity they regard as "uncivilized". This view makes for a good debate, but it should not be the basis for prohibition.

We believe those persons who dislike boxing have no right to prohibit the activity among those who wish to enjoy it. Canadians cherish the right of individuals to pursue recreational and cultural activity without state interference. In the absence of any compelling evidence boxing violates human dignity, the abolition of boxing would be an unfair abrogation of that right.

b) Medical Evidence of Injury

Although medical opponents of boxing often resort to the emotionally charged language of the ethical arguments, their case rests upon two empirically verifiable propositions:

1. The human brain is extremely vulnerable to the kind of blows delivered in boxing; in this respect, there is no difference between amateur and professional boxing.
2. There is evidence of chronic brain damage in some boxers with extensive ring careers.

Neither of these propositions can be disputed.

A forceful punch to the head can distort and shock the brain. Because it is suspended inside the skull, and is accelerated, twisted, and bumped by such a blow, the brain cannot be completely protected by headgear or soft gloves, although these may absorb some of the shock. The only way to effectively protect the brain is to remove the head as a target, a proposal extremely unpopular with boxers. In our survey of Ontario clubs and officials, 94 percent of respondents opposed the elimination of the head as a target area.

Experiments involving blows to the head cannot be done with human subjects because of the risk of injury but experiments with monkeys and the examinations of persons injured in bouts have led neurologists to conclude that a blow to the head may produce one or more of a number of injuries. The shock from a punch to the chin may displace the brainstem (located at the rear base of the brain), which usually results in a concussion (a loss of consciousness). A blow to the side of the head may not move the brainstem, but can sharply accelerate the brain within the skull. Besides concussion, the rapid rotation of the brain may tear blood vessels and brain tissue as the brain twists in its protective casing. Or it may compress the mass of the brain against the brainstem, thereby producing a concussion.

Even from blows of less than knockout strength, the boxer who is hit on the head may suffer varying degrees of transient and permanent neurological impairment. His reflexes may be slowed, sometimes to the point where he appears groggy. He could lose all coordination, or suffer amnesia, without any loss of consciousness. If a punch ruptures or tears a blood vessel, the accumulating blood can squeeze against the brain and produce unconsciousness; and, if the blood clot is not promptly removed, eventual death. Sometimes, the force of a punch can be so great that the brain itself swells and brain cell loss may be irreparable. More severe swelling can compress vital brainstem centres, leading to coma and death. In the case of Duk Koo Kim, the removal of a blood clot on the brain was not sufficient to save his life, because his badly battered brain continued to swell.

Although the calculation is imprecise, the mortality rate in boxing has been estimated to be 0.13 deaths per 1,000 participants, compared to 0.3 for U.S. college football, 0.7 for motorcycle racing, 1.1 for scuba diving, 5.1 for mountaineering, 5.6 for hand-gliding, 12.3 for sky diving, and 12.8 for jockeys and sulky drivers in horse racing.⁴⁷ But critics point out that the risk of permanent neurological damage - not death - is the major problem with boxing.

Clinical studies of some boxers have left no doubt that chronic brain damage is closely associated with lengthy participation in the sport. Most studies have been done on professional boxers. The most frequently cited disability is what Dr. Hanson Martland, in 1928, termed the "punch-drunk syndrome" to refer to former professional boxers exhibiting impaired coordination, awkward gait, slurred speech, and some form of memory loss and/or mental impairment. Martland estimated that 50 percent of veteran professional boxers exhibited some

form of the syndrome.⁴⁸ Although some subsequent researchers have disputed the claim,⁴⁹ the majority continue to report fresh evidence of impairment.

In 1957, neurologist MacDonald Critchley examined 69 professional boxers and reported that "many of these -perhaps the great majority - should be looked upon as examples of punch drunkenness, either early or well established." Critchley suggested that neurological deterioration continues after the boxer has retired from the ring.⁵⁰

In 1969, Dr. A.H. Roberts reported on his examination of 224 of 16,731 professional boxers who had been registered with the British Boxing Board of Control between 1929 and 1955 and had since retired. His study found that 17 percent of those who had boxed between six and nine years exhibited brain damage, in the form of drooling, slurring, unsteady gait, and/or memory loss and others showed "disturbed neurological function". Roberts also found a correlation between the extent of brain damage and the number of bouts fought.⁵¹

In the same year, Dr. John Johnson used the technique of air encephalography, by which an x-ray is taken after air has been injected into the brain, to study 17 former professional boxers. He found evidence of physical brain damage, or cerebral atrophy, in 10 of the 17, and manifestations of abnormal behaviour in 16. Johnson also found that patterns of brain damage in the boxers he studied were unlike those found in chronic alcoholics, thus countering the sometime claim that alcoholism, not boxing, causes the punch-drunk syndrome in boxers.⁵²

In 1973, a British research team headed by J.A.N. Corsellis performed autopsies on the brains of 15 former

professional boxers who had died of natural causes and found evidence of cerebral atrophy in 14 of them. The most serious signs of damage were enlarged ventricles, the presence of small contusions on the brain surface, and a cavum septum pellucidum. The ventricles, which carry the spinal fluid to the brain, are believed to expand and to fill the space left by atrophying brain tissue. A cavum septum pellucidum is literally a cave or splitting in the centre of the brain, believed to develop from repeated blows to the head. These latter abnormalities are believed to be associated with the impairment of motor ability.⁵³ Subsequent research, aided by the most recent advance in neurological technology - computerized axial tomography or the CAT scan - seems to confirm these earlier findings.

In 1982, Dr. Ira Casson of New York and his colleagues conducted detailed neurological examinations on ten professional boxers who had either been recently knocked out or had recently received a TKO (technical knockout). CAT scans showed that five of the boxers had cerebral atrophy even though only one boxer exhibited signs of brain damage (that is, memory loss). The extent of brain damage appeared to be much more closely related to number of bouts fought than career record or knockouts sustained, a finding which suggested that brain damage may accumulate from blows of less than concussive strength. "Since none of the boxers had been knocked out more than two times in their careers," Casson and his colleagues argued by deduction, "a cumulative effect of subconcussion head blows is the most likely culprit."⁵⁴ This is a relatively new argument. Up until recently it has been believed that the loss of brain cells only occurred with concussions.

In 1983, Casson read the CAT scan of Muhammad Ali for Sports Illustrated. Although the physician who did the scan concluded that Ali's condition was normal,

Casson reported that the former champion who had never been knocked out in the ring, had enlarged ventricles and a cavum septum pellucidum.⁵⁵ In 1983, a Cleveland research team under the direction of Dr. R.J. Ross reported a significant correlation between CAT scan indicators of cerebral atrophy from forty former professional boxers and the number of bouts they had fought. Exactly half the boxers exhibited CAT scan scores indicating some measure of abnormality. The number of bouts fought by subjects in the study ranged from 16 to 202. Ross and his colleagues also found that the "standard neurological examination proved to be a poor tool...for depicting chronic cerebral changes."⁵⁶

Yet despite the conclusion of these and other studies "that boxing is deleterious to the human brain", the scientific community is divided on whether the evidence warrants a total ban on the sport. The reason is that it has not yet been possible to identify precisely the incidence of boxing-related brain damage in all boxers - that is, to quantify the proportion of the entire population of boxers who have suffered significant brain damage from participation in the sport.

In the first place, the samples chosen for study have often been small and unrepresentative. In the Johnston study, for example, boxers were chosen because they reported psychological problems. Boxers who felt they were normal were not included. In the Ross study, the boxers selected themselves by responding to a newspaper ad. Apart from Roberts study, which was from a random sample, it cannot be said that a sample representing the entire population of persons who have boxed at any one time has been carefully studied. Those former professional and amateur boxers who established successful careers in business, the professions, and government generally believe boxing assisted their personal development. Until such persons are included in

examinations of this kind, it is impossible to show just what the incidence of injury has been.

This difficulty is compounded by the possibility that improved medical regulation of boxing may now force boxers out of the sport before deterioration progresses too far, so that the pattern of brain damage found in men who boxed prior to the 1960s may exaggerate the likely risk today. At least one recent investigator concluded that the punch-drunk syndrome is a thing of the past.⁵⁷ In addition, few researchers have included adequate controls for other contributors to brain deterioration, such as sexually transmitted disease and aging, or were able to compare athletes' neurological condition after they had boxed with their condition before starting.

Finally, even where a correlation between brain damage as measured by CAT scan scores and number of bouts can be found, not all boxers were equally affected. In the Ross study, one boxer with more than 150 bouts exhibited a normal scan while other boxers with less than 50 bouts exhibited some measure of damage. As a result, no one has been able to pinpoint the exact cause and occurrence of brain damage in boxing nor state the risk of brain damage with any degree of confidence.

For us, this is the crucial point. If there were well-established standards identifying unacceptably high levels of risk in sport, and it could be shown that the risk of serious brain damage in amateur boxing is higher than the established standard, then we would have no hesitation in recommending that the sport be banned. But there are no ready answers to these questions.

Let us elaborate. Athletes' heads are violently accelerated in many sports. Athletes in many sports have sustained concussion, and non-concussive shocks to

the brain of a severity that may contribute to brain cell loss.⁵⁸ The question for policy-makers is not whether some athletes sustain injury, but whether they are injured so frequently and so seriously that we could say the risk is unacceptably high.

In a case taken to the Ombudsman at the University of Toronto in 1978, two women sought permission to play in the all-male interfaculty soccer league. The athletics department argued that the women should be excluded because the physical risk to them was greater than for men. In his ruling, the Ombudsman reasoned that the question was not whether the risk to women was greater, but whether it was unacceptably high. As no evidence was available as to what level of risk in sport was unacceptable, he ruled that University of Toronto women be allowed to play against men in body-contact sports.⁵⁹

Our reasoning is similar. Although Canadians have established risk standards in the areas of public, environmental, and occupational health, the sports community has rarely addressed the question of acceptable levels of risk. Sport governing bodies have moved to minimize risk by changing rules and by making protective equipment mandatory, but none has tried to define the limits of acceptability. In the case of boxing, the data do not permit us to say what the actual risk is or how it compares to the risk in other sports. For this reason, it cannot be shown at present that the risks of serious injury in amateur boxing are unacceptably high.

Recently, the Council on Scientific Affairs of the American Medical Association reached a similar conclusion:

Boxing is a dangerous sport and can result in death or long-term brain injury. However, other sports may also result in accidental death or brain injury for participants.

Amateur boxing is fairly well supervised in this county through several national organizations. Professional boxing is less well controlled since the supervision of the sport is carried out worldwide through numerous uncoordinated national, state, and local boxing commissions. Therefore, it is difficult to determine the medical chronology of injuries in boxers.

Some would favour banning boxing completely, but this is not a realistic solution to the problem of brain injury in boxing. Moreover, the sport does not seem any more dangerous than other sports presently accepted by society.

The Advisory Panel on Brain Injury in Boxing does see a need for specific improvements in administrative and medical standards.⁶⁰

The studies cited here have dealt primarily with professional boxers. We have already suggested that given the safety-conscious rule structure of amateur boxing, the likelihood of serious injury is considerably reduced. This view seems to be borne out by the studies of amateur boxers. In 1954, British investigators Blonstein and Clarke reported that the "punch-drunk syndrome" was extremely rare in amateur boxing. In 1957, they reported that during the 1955-56 season, only 29 of 5,000 active boxers (or 0.58 percent) had been knocked out and an examination of these revealed no neurological damage.⁶¹

In 1979, Dr. A. Thomassen and his colleagues examined 53 of a population of 114 amateurs who had competed in a Danish regional championship between 1955 and 1965 and compared them to 53 first-division soccer players of comparable age. Complaints and neurological findings were identical in the two groups,

with the one exception that the boxers showed a slight motor dysfunction in the left hand.⁶²

These findings are confirmed by Canadian data. There has never been a fatality in amateur boxing in Canada. As Table 1 indicates, during the three-year period, 1980 to 1982, only 22 of 3098 bouts held under the auspices of Boxing Ontario, or less than one percent, ended in knockouts, which is usually consistent with a concussion.

TABLE 1

OUTCOME OF COMPETITIONS

BOXING ONTARIO

January 1, 1980 to December 31, 1982

	1980		1981		1982		Totals	
	N.	%	N.	%	N.	%	N.	%
Winner Determined by Points	479	68.53	766	67.75	874	68.93	2,119	68.40
Referee Stopped Contest	127	18.17	213	18.83	257	20.27	597	19.27
Referee Stopped Contest - Head Blows	55	7.87	88	7.78	86	6.78	229	7.39
Knockout	11	1.57	5	.42	6	.47	22	.71
Retirement	20	2.86	48	4.25	30	2.37	98	3.16
Disqualification	7	1.00	11	.97	15	1.18	33	1.07
TOTALS	699	100%	1,131	100%	1,268	100%	3,098	100%

In only 7.39 percent of bouts was the referee required to stop the contest because a boxer appeared to be incapacitated from blows to the head. What this means is that in more than 90% of boxing contests, the outcome was decided by the judges' evaluation of boxing skills and not by injury resulting from blows to the head. These data also illustrate the measure of safety provided by a referee charged with the responsibility of stopping contests at the point a boxer is no longer able to defend himself. In almost 20 percent of bouts, the referee intervened before the boxer was seriously injured.

By comparison, as Table 2 indicates, 29 percent of the professional contests sanctioned by the Ontario Athletics Commissioner during the two-year period, 1981 and 1982, ended in knockouts. In 23 percent of bouts, the referee stopped the contest and awarded a Technical Knockout (TKO). In an undetermined number of these cases, the referee awarded the TKO because one boxer was incapacitated from head blows. In only 47 percent of bouts was the outcome determined by the judges' evaluation of boxing skills.

TABLE 2
OUTCOME OF COMPETITIONS
PROFESSIONAL CONTESTS IN ONTARIO
January 1, 1981 to December 31, 1982*

	1981		1982		Totals	
	N.	%	N.	%	N.	%
Technical Knockout	15	23.81	19	22.09	34	22.82
Knockout	18	28.57	25	29.07	43	28.86
Decision	27	42.86	35	40.70	62	41.61
Draw	3	4.76	7	8.14	10	6.71
TOTALS	63	100%	86	100%	149	100%

* Pre-1981 data not available.

Table 3 indicates that 76 percent of knockouts in professional boxing during this period occurred during the first three rounds -- the duration of an amateur bout.

TABLE 3

ROUND IN WHICH KOs AND TKOs OCCURRED
IN PROFESSIONAL CONTESTS IN ONTARIO

January 1, 1981 to December 31, 1982

	KOs		TKOs		Totals	
	N.	%	N.	%	N.	%
Round 1	19	44.19	8	23.53	27	35.06
Round 2	10	23.26	2	5.88	12	15.58
Round 3	4	9.30	5	14.71	9	11.69
Round 4	3	6.98	5	14.71	8	10.39
Round 5	2	4.65	4	11.76	6	7.79
Round 6	1	2.33	1	2.94	2	2.60
Round 7	1	2.33	1	2.94	2	2.60
Round 8	0	0.00	4	11.76	4	5.19
Round 9	0	0.00	1	2.94	1	1.30
Round 10	1	2.33	0	0.00	1	1.30
Not Given	2	4.63	3	8.83	5	6.50
TOTALS	43	100%	34	100%	77	100%

Although the number of bouts from which these data were taken is not large, it appears that amateur boxers are much less likely to receive head injury than professionals.⁶³

In summary, it is our view that neither the ethical nor the medical arguments are sufficient to justify the abolition of amateur boxing.

The Need for Further Study

Although available evidence suggests that the risk of permanent injury to amateur boxers is considerably less than that to professional boxers, the question is far from settled. For this reason, we recommend that the Ministry of Tourism and Recreation initiate a longitudinal, comprehensive study of the incidence of brain injury in Canadian boxers.

The Committee feels that the sample should be selected from the largest possible population of boxers and that amateur boxers should be compared with professionals. The ministry might therefore wish to collaborate on such a study with other jurisdictions.

We believe the costs of the study should be borne by the public. Since all levels of government in Ontario directly or indirectly encourage participation in boxing, it would be unfair to impose the burden of such a study upon the boxers themselves.

The Need for Informed Consent

"Informed Consent" is a medical-legal term used to refer to the obligation of medical practitioners and scientists to brief patients and the subjects of scientific

experiments on all the possible outcomes or risks of a medical or experimental procedure. Chief Justice Laskin of the Supreme Court of Canada once defined it as follows:

In obtaining the consent of a patient for the performance upon him of a surgical operation, a surgeon, generally, should answer any specific questions posed by the patient as to the risks involved and should, without being questioned, disclose to him the nature of the proposed operation, its gravity, any material risks and any special or unusual risks attendant upon the performance of the operation.⁶⁴

Implicit in "informed consent" is the right of a patient or experimental subject to refuse the procedure being proposed. The concept has developed in part to help individuals make responsible choices about their own welfare. High-performance athletes are becoming familiar with "informed consent" as more and more testing centres, such as the Institute for the Study of High Performance Athletics at the University of Toronto, require athletes to sign "informed consent" forms before testing is conducted.

In recent years, some physical educators have argued that the rights of "informed consent" be extended to the training process. Dr. Carolyn Thomas of the State University of New York at Buffalo has written:

For the most part, a coach, a trainer, a physician and management in general do take a great deal of liberty with an athlete's body. They ask the athlete to change diet. They ask the athlete to change patterns of weight gain or loss. They ask the athlete to

run anaerobic training patterns. They ask the athlete to play with injury. They ask the athlete to think certain kinds of things, to behave in certain ways and so on. So, essentially, what we are doing as management, as experimenter, is imposing change and up until now imposing change without consent upon an athlete during the change process...

If the choice is the athlete's and if the choice is a function of informed consent, then we must consider it to be a valid choice and the training ethic has integrity. But if we are asking athletes to make an uninformed or uneducated choice or if we ask them to abdicate choice out of coercion or out of their own vulnerability, then we are in fact violating some basic human rights.⁶⁵

Given the evidence that brain damage and other injuries do occur in boxing, we recommend that an "informed consent" form be made part of any application for participation in amateur boxing, so that participants have some idea of the risk they are running. Some boxing clubs in Ontario require new members to sign a "Consent Waiver" before joining, yet those forms provide no information about the injuries the athlete might receive. In our view, it is unfair to ask an athlete to sign away his rights to hold the boxing club legally liable for injuries or other loss as a result of such participation without outlining what risks might be involved. A sample form is contained in Appendix 2. Such a form should be administered at the time of a prospective boxer's initial medical examination, as outlined in the next chapter.

CHAPTER THREE

SAFETY IN BOXING ONTARIO

In theory, the safety of athletes in Boxing Ontario is protected by six inter-related structures or practices. They are:

- the CABA rules, particularly those governing the conduct of bouts and the system of medical controls
- good coaching, as developed by the National Coaching Certification Program and coordinated by the Technical Director and the Coaches Commission
- good officiating, as coordinated by the Referee and Judges Commission
- general medical supervision by the Medical Commission
- a governing structure that is both representative of all the interests in the sport and responsive to concerns and suggestions from the membership
- effective overall administration of the sport.

Our task has been to determine how effective these structures have been in practice.

The Rules

CABA rules govern all local, provincial, and national competitions which Boxing Ontario athletes enter. The rules must be approved by a two-thirds vote at the

annual general meeting. While they generally follow those of the Association Internationale de Boxe Amateur (AIBA), the governing body for Olympic and international amateur boxing, some CABA rules are more strict. For instance, protective headgear is mandatory in CABA (Rule 4a, p. 14), while it was once prohibited by AIBA rules and is now optional. (Largely as a result of lobbying by CABA, AIBA voted in 1983 to make headgear mandatory for all international events. The new rule will go into effect immediately following the 1984 Olympics.)

Two general points must be made about the rules. First: after a comparative study of CABA, AIBA, and OABA rules, and the recommendations of the Task Force on Boxing in Canada, the Committee concluded that CABA rules generally serve to minimize the possibility of injury. In fact, many CABA rules are motivated solely by safety considerations. The standing eight-count protects the boxer at risk to the possible disadvantage of his opponent who may be in a position to score a barrage of points. The rules requiring the referee not to mark scoring papers and allowing the attending physician to stop a fight ensure that two qualified persons are responsible for boxer safety at all times.

In the pages that follow, we outline several improvements that should be made to CABA rules. Our focus on improvements does not weaken our confidence in CABA rules: on the whole, they provide a reasonable standard of comprehensiveness, clarity, and safety.

We cannot report the same degree of confidence in the enforcement of the rules, however. During the course of our inquiry, Boxing Ontario began to administer the rules more completely and uniformly, an encouraging development, but the Committee is not

convinced that all members of the association share the view that the rules must be enforced at all times. The pride that CABA takes in developing a rule book that maximizes safety is seriously undermined when the responsible officials fail to carry out its direction. If some officials dislike a particular rule, then they should try to have it changed at the annual general meeting; they should not decide to ignore it on their own.

On the whole, our strategy to effect change within Boxing Ontario will be to ask the Ministry of Tourism and Recreation to demand improvement as a condition of continued financial assistance, a general procedure the Ministry already employs.

Given the importance of the rules in the safety system of amateur boxing, the Committee recommends that the Ministry of Tourism and Recreation assess Boxing Ontario's administration of its rules as a major criterion in the allocation of grants.

Pre-Membership

According to CABA rules "on joining a Boxing Club, initially each boy is to undergo a complete medical examination for mental and physical fitness." A description of the necessary examination plus a list of contra-indications to boxing is included in the rules. The purpose of the examination is to ensure that "only fit boxers box and the morbidity of amateur boxing remains very minimal". (Articles and Rules p. 40.)

At present, there is no administrative requirement to ensure that this examination actually takes place. It appears that a significant number of clubs do not demand it. A slight majority of clubs responding to our questionnaire (20 of 38 or 53 percent) said they do not require a medical as a condition of membership; and

almost half the Boxing Ontario executive (5 of 11) answered that it is not a requirement. In our view, it is essential that this requirement be formalized, not only for a boxer's initial participation, but as a condition of annual membership renewal. It is instructive to note that in the German Democratic Republic, one of the most scientifically advanced sporting nations of the world, active boxers are required to undergo a comprehensive physical at least every six months.

We recommend that CABA amend its rules to require a comprehensive physical examination as a condition of membership and annual membership renewal. The medical should be conducted by the boxer's family physician, according to a form prepared by the Medical Director of CABA. The initial medical form, along with the informed consent form already recommended, should be attached to the CABA application form. After it is completed, the pertinent information from the medical (e.g., date, examining physician, special conditions) should be recorded in the boxer's passport. Subsequent medicals would then be directly recorded in the passport.

Although it could not be enforced through the rules, we strongly advise all boxing clubs in the province to keep its own record of each boxer's medical condition, including injuries and illnesses incurred during training and their treatment. Serious injuries received in training, such as concussion, should be treated with the same caution (for example, a thirty-day rest from activity) as if they occurred in competition, and recorded in the boxer's passport.

Medical Aptitude

As already indicated, CABA rules specify a number of medical conditions that preclude an athlete from boxing. In addition, Dr. Joseph Falletta, CABA Medical Director,

will recommend to the 1983 annual general meeting that a number of further contra-indications to boxing be added to the list. We have examined his recommendations and they meet with our full approval.

Age of Boxers

Some coaches believe that the earlier a boy learns to box, the more skilful he will become. Some Ontario municipalities stage exhibition bouts involving boys as young as six and seven. Yet under CABA rules, a boy is not allowed to join CABA and participate in boxing contests until he reaches the age of eleven. The rule is intended to protect a boy from the rigours of competitive boxing until he begins to mature.

In view of the wide variability in human growth and development, this cut-off point is arbitrary, yet the intention is a good one. We recommend that the rule be enforced. Unfortunately, on July 26, 1983 two underaged boys were allowed to box at a club show in Toronto. Boxing Ontario is conducting its own investigation into this incident.

Equipment

The protective qualities of boxers' equipment have been the subject of considerable research and debate. A recent study of boxing gloves in Quebec found that supposedly standard gloves often vary significantly in weight, size, and absorbency; and that absorbency (that is, the level of energy absorbed) deteriorates rapidly after punches connect. Certain gloves absorbed four times as much as others with identical material. All gloves tested showed reduced absorbency with each additional punch. Between the first and eleventh punch, the energy absorbed dropped by as much as 59 percent.⁶⁶

The New York State Boxing Commission now requires all professional boxers to use thumbless gloves, in an attempt to reduce the number of eye injuries, and some amateur boxers in Ontario have begun to experiment with the thumbless glove.⁶⁷ There is also concern about headgear. While there is little doubt its use has reduced the number of eye, ear, and facial injuries, it offers little protection to the brain; some believe it gives boxers a false sense of security.⁶⁸ CABA rules presently specify the dress and equipment (gloves, bandages, mouthpiece, supporter, headgear) which a boxer may or is required to use, and minimum standards for the ring (see Rules 1-4, pp. 13-15). In our view, these rules set a desirable standard for safety. Although we do not believe the headgear to be the panacea some advocates claim, it does offer a measure of protection and we applaud CABA's now successful effort to have it made mandatory within AIBA.

Further improvements in equipment may increase safety, as the new AIBA rule stimulates design improvements and manufacturers develop materials with greater and more reliable absorbency. The application of electronics may provide a new measure of safety to boxers. According to a presentation by a firm of sport scientists, equipment could be developed to permit matchmaking by a boxer's reflex time (a possibility that might reduce walkovers), and to enable a signal on the boxer's headgear to register when he sustains a heavy hit.⁶⁹ Yet despite the promise of technological improvements, there are no guarantees that new equipment will significantly enforce safety in the sport.

Although the boxing community is loath to consider it, it is our view that the only way to reduce dramatically the risk of brain injury is to eliminate the head as a target area, either completely, or after a maximum number of head blows have connected in a

single bout. In kick-boxing, an athlete must deliver a minimum number of kicks per round; in amateur boxing, each boxer could be limited to a maximum of five scoring blows to the head per bout.

We do not have any specific proposals to make at this time. We understand that Canadians would be reluctant to make major changes of this kind unless they were accepted by amateur boxers around the world. (According to James Worrall of the International Olympic Committee, there has never been any suggestion that Olympic boxing be dropped or changed because it is unsafe.) We also do not wish to sketch out a scenario that may be unnecessary. But as more reliable scientific data on the incidence of brain damage in amateur boxing become available, it may be appropriate for the boxing community to consider alternatives.

Pre-bout

Passport Control

In 1981, CABA introduced what has been called a passport system. Every registered boxer is issued a "Medical Competitor Booklet" or passport, in which he is required to place a recent photo. The completed passport must be submitted before every bout as a condition of entry: "Failure to produce this booklet will result in the boxer's disqualification" (Rule 9B,f; p. 20). After examination by an official the booklet is given to the attending physician to record the results of the boxer's pre-bout medical. After the bout, the results are recorded in the passport and initialled by the official and the passport is returned. The passport serves three functions: to protect against misrepresentation; to minimize mismatching, by providing the officials with each boxer's complete record as a boxer; and to protect

the boxer, by providing medical officials with his medical ring history.

In our view, both the design and the enforcement of the passport system need improvement. First, the design. The passport should contain all pertinent information on the boxer, including the result of all medicals not just his weight for each bout, the results of his pre-bout medicals, and his competitive record, as is presently the case. It should therefore be revised to include space for the detailed findings of the initial, annual, pre-bout, and any other relevant medical examinations. This would ensure that a comprehensive record of the athlete's medical history would be available to bout officials at all times. Such a system has been in use in the German Democratic Republic (GDR) for some twenty-five years, and has worked with good results. (A comparison of the CABA and GDR passports is contained in Appendix 3.) We also recommend that the results of exhibition bouts be recorded on the passport.

Secondly, enforcement. One of the complaints that prompted our study was that the system was inadequately enforced. This charge was borne out by our investigation. At a number of bouts we witnessed boxers submitting passports without photographs who were then given permission to box; on a few occasions, boxers who said they had forgotten their passports were allowed to box. That the question continues to be a matter of considerable concern is indicated by the fact that ten clubs wrote us that novice mismatches could be reduced if the passport system was properly enforced, and twelve clubs indicated that dishonesty in coaching is a cause of mismatches. Denis Bradley, Boxing Ontario's technical director, admitted that some athletes have been allowed to box without proper passports, but defended the practice as "permissive" rather than "lax": "one of our

goals is to maximize participation and so if we know the kid, or someone will vouch for him, we'll let him box," he told us.

In our view, such permissiveness should not be tolerated, particularly when it undermines such a vital safeguard for the athlete and the integrity of the sport. Therefore, we further recommend that Boxing Ontario:

- insert the photograph in the passport itself, employing a procedure similar to that used by the Department of External Affairs (that is, require the athlete to submit two signed and witnessed photos, and emboss the photo it affixes to the passport with its own seal)
- maintain duplicate records of the information recorded on each passport (from bout reports) by developing a computer-based information system
- enforce the rule - No Passport, No Competition - without exception. Because the passport is so essential to safety in amateur boxing, we recommend that the Ministry of Tourism and Recreation use Boxing Ontario's enforcement of the passport system as a major criterion for assessing administrative performance for grant purposes.

Weigh-in

Under CABA rules, a boxer is required to present himself for a weigh-in each day on which he is to box, even if a tournament takes several days (Rule 9b, h; p. 20). This rule ensures that competitors are matched by weight throughout a tournament. Yet on occasion, it has not been enforced. At the 1981 Ontario Championship, weigh-ins were cancelled on the second day, upon a vote of the coaches present.

It is our strong recommendation that the weigh-in rule be strictly enforced.

Matchmaking

Except for tournaments and championships, where competitors are paired by a draw (Rule 10, p. 21), competitors are matched by an official, on the basis of weight, experience, and, for boxers under twenty, age. The matchmaker usually seeks the advice of the boxers' coaches, and a coach or an athlete may veto a proposed match. Weight categories are defined by three-to-six kilogram ranges depending on the weight, except for heavyweight, which is a ten-kilo range, and superheavyweight, which is open to any one over ninety-one kilos. Boxers who have fought less than ten bouts are deemed to be novices. Boxers are required to fight within their respective categories. Boxers thirteen and over may be upgraded one age class upon application to the provincial coaches' commission, but that is the only exception (Rules 6-9a, pp. 16-19).

Despite the care with which this system seems to be thought out, mismatches do occur. (By a "mismatch," we mean a bout in which one competitor so dominates the other that it appears that the two boxers are grossly unequal in ability to start with; a mismatch may be caused by one competitor having a "bad day," but the effect is the same: one boxer is placed at risk.) In our survey, 50 percent of Ontario clubs indicated that mismatches occur "occasionally." Thirty-five percent of respondents said they felt that half or more of mismatches occur in the novice category.

The task of minimizing the mismatch does not lend itself to easy solution. Certainly strict enforcement of passports and age classes would help. CABA should also institute a prohibition against the misrepresentation of

boxers and establish a stiff penalty for boxers and their coaches who have been found in violation of the rule. We so recommend.

The present novice category is defined to include all boxers who have fought less than ten bouts. Some suggest this is too broad, because one boxer could win nine consecutive bouts and still be considered a "novice," while another in the same category may be winless. In the United States Amateur Boxing Federation, a much narrower definition is used: a novice is a boxer who has not won five bouts. When boxers turn sixteen, they become novices again, regardless of their previous status, until they win another five bouts. Yet narrowing the category may reduce the number of boxers in an age and weight category to the point where a novice has only one or two other athletes in the province to box.

A third suggestion has been that novice boxers be screened and not allowed to fight until they demonstrate a minimum standard of competence. In our view, this is a more logical approach. Boxing should consider the example of other sports, like gymnastics, diving, judo, and karate, which have developed skill tests as a precondition of novice competition. If each boxer had to demonstrate a minimum level of skill, according to established tests, and a full knowledge of the rules before being allowed to participate in his first bout, the novice category would be less problematic. We so recommend.

During the Bout

Throwing in the Towel

If a second (usually a coach) notices that the boxer is no longer able or desirous of continuing to fight he may "give in" for him and stop the fight by throwing a towel

or sponge into the ring or stepping into the ring himself (Rule 12f, p. 22). Some of the coaches we interviewed said that these methods were not fast enough to help a boxer in jeopardy, and suggested that seconds be allowed to blow a whistle to stop the fight. Although a majority of clubs that responded to our questionnaire (61 percent) indicated satisfaction with the present rule, we believe the use of the whistle should be considered by CABA.

The Placing of Rings at Multi-bout Matches

On occasion, the number of competitors at a tournament is so great that more than one ring must be used. At the 1982 Labatt's Gloves, for example, bouts occurred simultaneously at three rings placed about twenty feet apart. The problem is that a boxer might respond to a signal - particularly the bell - from an adjacent ring. At the Labatt's Gloves we saw several boxers drop their guards in response to the wrong bell and the handlers started to enter the ring.

There are several possible solutions to this problem. Boxing Ontario could reduce the number of competitors in a tournament by staging regional qualifying events or it could reduce the number of bouts on a single day by extending the tournament. If Boxing Ontario must stage several bouts concurrently, then it should use a different "bell" for each ring: if the standard gong is used in one, a buzzer and a whistle could be used in the others. We so recommend.

Post Bout

Doping Control

AIBA and CABA rules prohibit the use of certain drugs (Rule XVI, pp. 53-54). Because testing is not done for competitors within Canada, the Task Force on Boxing in

Canada recommended that all boxers be examined after a title bout.⁷⁰ Until very recently, however, effective administration of the doping control has been prohibitively expensive - about \$100 per test - and samples had to be sent to Montreal, where the only fully equipped Canadian laboratory was located. (An Edmonton lab has now been equipped for such testing, a legacy of the World University Games.) Recent improvements in the test have reduced the cost to about \$50 per test and suggest that the equipment may soon become portable.⁷¹ This would permit testing at all major competitions and even random testing at training sites. The disqualification of two Canadian athletes at the 1983 Pan-American Games indicates that the use of drugs by athletes is not simply a problem for other nations. The Sports Medicine Council of Canada has asked Sport Canada to fund a national testing system for all the Olympic sports.⁷² We recommend that CABA actively support this initiative.

Procedure after Knockout

If a referee stops the bout because a boxer has received too many head blows, (Referee Stops Contest - Head) (RSCH) or is knocked unconscious, the ringside physician is required to give him a neurological examination. If he shows a neurological deficit, he is to be sent immediately to hospital. If he shows a stable mental state with no neurological deficit, he is to be sent home in the company of a "companion," who is to be given instructions for the supervision of the boxer for the next forty-eight hours (Rules X-XIII, pp. 50-52). The instructions are similar to those given out by a hospital to a person accompanying someone who has just suffered a concussion.

We recommend that the responsibility for these precautions be clarified. The event organizer should be

held responsible for ensuring that the injured boxer is released into the custody of a responsible adult or guardian and clearly briefed on his or her responsibilities by the attending physician. The custodian should then be required to report back to the event organizer after the required forty-eight hour supervisory period has elapsed. The CABA rule should be rewritten to this effect and event organizers briefed accordingly.

Suspension following Head Injury

Any boxer receiving a head injury (either RSCH or a knockout) is automatically suspended for thirty to sixty days upon the direction of the attending physician. Two knockouts within a three month period result in a three-month suspension and three knockouts within a year, a year's suspension. After a year's suspension, "a written certificate from a neurologist permitting the boy to box is required before the boxer can return to the amateur ring" (Rule XI, p. 51). The suspension is enforced by two procedures. It is written into the boxer's passport after the bout where the RSCH or knockout occurs, so that it would be noticed by the attending physician at any subsequent bout. In addition, the Boxing Ontario office regularly sends match organizers and clubs a list of suspended boxers.

Although the Task Force on Boxing in Canada recommended a longer, ninety-day mandatory suspension after knockouts, hospital practice suggests that thirty to sixty days is sufficient for recovery,⁷³ so we do not recommend any change.

During our investigation, it was alleged that Boxing Ontario does not police its post-knockout suspensions. We conducted a random survey of boxers knocked out in the three-year period, January 1, 1980 to December 31, 1982, and investigated those specific allegations brought

to our attention. In no case did a suspended boxer compete during his suspension. In one specific case we were asked to investigate, we found that a boxer was given an eight-month suspension by the CABA Medical Director after two RSCs (Referee Stops Contest) and one RSCH and not allowed to resume boxing until he passed a neurological examination. This example suggests that CABA pursues a policy that is more cautious than the rules prescribe.

It has also been alleged that CABA referees and attending physicians are reluctant to award the decision RSCH because of the thirty-day suspension it draws. In one case brought to our attention, the jury, with the doctor's acquiescence, reduced the referee's decision of RSCH to RSC, which allowed the boxer to compete the following day.

We are not in a position to judge whether boxers who receive serious head blows are properly protected by the RSCH; for both referee and physician, it can be a difficult decision. The rules state that it should be awarded if a boxer is knocked down or is incapacitated by blows to the head three times in a round, or four times in a bout, but what actually constitutes being "down" or "incapable of defending himself" is often a matter of argument. What we can say is that while referees and doctors are under considerable pressure not to suspend, they enjoy complete independence from clubs and coaches in the manner of their certification and appointment, as we shall indicate below. Moreover, when referees and doctors have awarded the RSCH, Boxing Ontario has enforced the suspension. We have no evidence to suggest otherwise.

Out-of-Province Competition

One of the incidents cited by Paul Palango in his article,

"Amateur Ring Rules on the Ropes," involved Cabbagetown boxer Asif Dar at a Canada-South Eastern United States competition in South Carolina. In his first bout of this tournament, held in Myrtle Beach on March 25, 1981, the fourteen-year old Dar was matched against a twenty-year old opponent, Kent Hardee, an age differential prohibited by CABA rules. Competition organizer Rick Gaskin says that at the time he arranged the bout he was mistaken about both Dar's and Hardee's age. When he discovered Dar's age on the eve of the fight (he alleged he didn't discover Hardee's until afterwards) he allowed the bout to go on because "I hated to see a boxer travel over 1200 miles just to watch the competition. The decision to box was made by Dar and the Ontario Coaches."⁷⁴ After he discovered that Hardee was twenty, Gaskin wrote Dar's coach, Ken Hamilton: "I am very sorry the bout took place."⁷⁵

According to Cabbagetown coaches Hamilton and Peter Wylie, after the Hardee fight, which he lost, Dar complained of nausea, weakness, and headache in a phone call home. Prior to the second bout, in Charleston on March 28, 1981, Wylie telephoned the Ontario team manager, George Fraser, to ask that Dar not be allowed to box again, but Fraser overruled the request on the belief that Dar wanted to fight.⁷⁶ (In a subsequent statement, Dar admitted that he agreed to the second fight, even though he felt sick and weak, but that he was strongly encouraged to do so by Fraser and his teammates.)⁷⁷ The physician who examined him before the fight gave him permission to compete.

Dar lost the second fight. When he returned home with a badly bruised eye and sinusitis, a Toronto physician wrote that "in the light of his complaints and evidence of right eye trauma, his pre-fight examination for his second bout was cursory and inadequate. He should not have fought his second match. Clearly, his

health was in jeopardy."⁷⁸ The Cabbagetown club then petitioned Boxing Ontario for a disciplinary board to "admonish Fraser for his disregard for the safety of a youngster."⁷⁹

The Dar incident raises two sorts of questions: first, what happened in South Carolina? Was Dar "jobbed by a dishonest matchmaker in the Hardee fight and was Fraser negligent in his responsibility for Dar's safety, as Hamilton has alleged,⁸⁰ or did both officials commit "honest mistakes" as they claim? Second, what changes should Boxing Ontario institute to minimize the likelihood of a similar occurrence in the future? How can officials prevent misrepresentation when the records for opposing boxers are prepared by another jurisdiction? What guarantees should a club coach have that athletes under his direction will be responsibly supervised by a different coach on a representative team? Should boxers, like workers under occupational health legislation, have the right to veto any competition which they feel to be unfair or in which they feel at risk because they are sick or injured?

Our committee has decided that a full inquiry into what happened in South Carolina is unnecessary and would serve no useful purpose. In the first place, in December 1981 the Cabbagetown club agreed to drop its demand for a hearing that would find fault in exchange for support from Boxing Ontario for an investigation that would make recommendations for the future.⁸¹ This seems a sensible settlement. Secondly, a full hearing into the events of March 1981 would be time-consuming and expensive. An inquiry recently commissioned by a national sports governing body to investigate a not-dissimilar incident on a national team travelling in Europe cost \$24,000. More importantly, there are no rules of Boxing Ontario that Mr. Fraser is alleged to have broken and no well-established guidelines on what constitutes responsible behaviour in this situation.

Deciding whether to "play when hurt" has always been difficult for coaches and athletes, especially during the adrenalin-charged atmosphere of international competition. While caution is the safest policy, athletes often choose to play injured. Sometimes they are encouraged in this by coaches, teammates and the sports culture that celebrates successful athletes who do so - remember Bob Baun in the 1964 Stanley Cup?

Sometimes athletes hide an injury from coaches in order to play. In fact, boxers are notorious for their attempts to disguise injury in pre-bout medical examinations. On the other hand, sometimes an athlete exaggerates an injury to win sympathy, deceive an opponent or reduce some of his supporters' blind confidence he will win. So it's not always easy for a doctor or coach to tell for sure. Although there has been considerable litigation on the subject, the question of responsibility for athletic injuries and sport-related illness remains extremely complex.⁸²

In view of all of these factors, we did not pursue this matter further. The question of responsibility for what happened in South Carolina should be considered "unanswered" and the matter laid to rest.

The second group of questions - what should happen in the future? - has already been addressed by Boxing Ontario. In the wake of the Dar-South Carolina incident, the executive introduced the following additions to the policy governing out-of-province teams:

1. No bouts will be permitted between Junior and Senior age group boxers.
2. Evidence of age and boxing experience of both fighters must be presented before each fight.

3. The Head Coach of any Boxing team must be at least Level II qualified.
4. CABA should petition other boxing jurisdictions to encourage the use of a passport system for every boxer, showing his age and boxing experience.
5. A boxer's coach may accompany his boxer on any trip at the coach's expense.
6. Written permission must be obtained from each coach in order for his boxers to go on any trip.
7. A Boxing Ontario doctor must go on all trips out of the province.

In our view, these new guidelines go a long way towards eliminating the problems Dar experienced in South Carolina. If there was a universal, AIBA passport, then the chances of misrepresentation by an unfamiliar boxer would be greatly reduced. As it is, the requirement that Ontario team managers seek proof of opposing boxers' age and experience is a step in the right direction, even if absolute certainty is not always possible. Presumably, if the manager is in doubt about another boxer's bona fides and fears a mismatch, he will simply cancel the proposed bout. The provisions that a boxer must receive written permission from his club coach, and that a boxer's coach may pay his way to accompany the team both recognize the importance of maintaining good working relationships between provincial/national and club coaches, although it must be pointed out that these triangles have been problematic in all sports, not just boxing. The requirement that an Ontario doctor accompany each team provides another important protection.

We recommend adding several guidelines that have been drawn from the practice of other sports governing bodies:

- all boxers be given a medical examination prior to the tour, and the results recorded in the boxer's passport.
- the team doctor be informed about the medical facilities available at the site of the competition before the team leaves the province.
- a briefing session be held prior to departure to establish lines of communication between manager/coach/doctor/athlete and to establish a procedure to be followed should unforeseen problems arise.
- during the briefing session, a committee be selected to deal with unforeseen problems that may arise during the course of the tour and that, in some way, offset the athlete/coach/team relationship. The committee should be composed of an athlete representative, a coaching representative, and one of the manager or team doctors. Either the affected player or the coach should be able to call on the committee in a particular situation.
- Boxing Ontario determine a procedure to be followed in the event an athlete wishes not to compete and return home due to illness, mutual agreement, or any other reason and that this policy be stated at the meeting.

Finally, should athletes enjoy a veto over competitions in which they have been entered? In our view, the answer is yes: this principle should serve as a guideline for managers and coaches at all times. In fact,

we believe that if it is obvious that an athlete is incapacitated, or insists he cannot compete, no responsible coach or doctor would allow it. It is the grey area of injured-but-not-incapacitated that creates difficulties, for here all parties can waver in judgement.

The athlete should have the confidence that if he chooses not to compete by virtue of injury that he will not be punished. We recommend that this right be written into the rules governing provincial teams. Some may fear that athletes will "abuse" this right, by "using" slight injuries to "duck out" of bouts they might not win, but we doubt this will happen: high performance athletes are primarily there because they want to compete.

Coaching

While the rules provide an important measure of protection, the first line of defence for the amateur boxer is his own fitness and skill. It is here that good coaching is essential, for a well-coached athlete will be strong enough to endure the physiological demands of three rounds of stressful, uninterrupted rapid activity and skilled enough to defend himself against his opponent's punches. He will know the rules, so he will be less likely to harm an opponent with an illegal punch. And he will have developed some respect for the medical controls in the sport, so he will be less likely to circumvent them and flout his own safety and health.

"You can always tell the difference between boxers who are well coached and those who are not," former Soviet Olympic boxing coach Dr. Norman Shneidman told us. "In a fight between uncoached boxers, each boxer may throw twenty to twenty-five punches in a round, and because they have few defensive skills, connect with

many of them. Well-matched and well-coached boxers will probably throw as many punches, but most of them will be slipped or blocked. In the final result, the score may look the same - one boxer wins because he connected with one or two more punches than his opponent - but in the first case, both boxers take a large number of punches while in the second, they take very few. The difference is primarily coaching."⁸⁴ Our committee shares Dr. Shneidman's view that effective coaching is a sine qua non of safety in the sport. The question is: how capable are the coaches in Ontario?

From a comparative perspective, the coaches in Ontario have had little formal preparation. In countries like the Soviet Union and the GDR, most coaches of elite boxers are professionals who have at least a four-year degree in physical education with 500 to 800 hours of supervised instruction in boxing. Coaching instructors and some coaches have Ph.D's in sport science.⁸⁵ By comparison, virtually every boxing coach in Ontario is a volunteer who has acquired most of his knowledge in the sport informally - from his own boxing experience, by watching others, and by independent study.

Although experience can be an insightful instructor, the explosion of knowledge in the sport sciences and the systematic application of this knowledge to sport development by other nations has necessitated a planned approach to the preparation of coaches. It was in response to this need, felt by most sports in Canada, that in the 1970s the federal and provincial governments jointly established what is now the National Coaching Certification Program (NCCP), assisted in the creation of the Coaching Association of Canada, and began to make grants to the sport governing bodies for technical assistance. Through the NCCP, volunteer and professional coaches are given theoretical, pedagogical, and sport-specific instruction in a five-stage curriculum

of short courses integrated with practical experience. The program is predicated on the assumption that most coaching in Canada will be done by volunteers, as few institutions can offer full-time employment to coaches. In Canada as a whole, more than 134,000 coaches have received instruction through this program.

CABA has now developed its curriculum to level III, which is considered by the CAC as the necessary or minimum preparation for a coach whose athletes expect to compete on a national basis. To be certified at each level, a coach must have successfully completed a general or theoretical course, a sport-specific or technical course, and the requisite experience. The requirement for level I is attendance at two 14-hour courses (theory and technical) plus one year's demonstrated coaching experience. The requirement for level II is passing, with minimum marks of 70 percent, a 20-hour (theory) and a 21-hour (technical) course, plus three years demonstrated experience. Level III requires passing a 30-hour (theory) course and a 25-hour (technical) course, plus five years demonstrated experience.

But although the CABA coaching manuals are excellent, the rate of certification appears to be very slow. As of January 1, 1983, only 14 Ontario coaches had received level I certification, although 57 had attended the technical course. Only 6 coaches and received Level II certification, although another 19 had passed the Level II technical exam and another four the level II theory. As a result, only 13 of 63 clubs in the province (or 20 percent), enjoyed the leadership of a coach with even the minimum of certification. Only 25 clubs (or 39 percent) had coaches who had been exposed to the NCCP program (that is, had attended a single course). By comparison, in the Ontario Amateur Wrestling Association, 108 coaches had received the

level I certification and 76 percent of all coaches had received at least partial certification. All major clubs in the province boast at least one certified coach. Not surprisingly, some observers have concluded that the dearth of qualified coaches is the major problem facing amateur boxing in Canada. Dr. Shneidman, who once conducted coaching clinics for CABA, has dropped out of the sport "because I became discouraged by the low level of technical development and the widespread resistance to a more scientific approach."

Some have argued that attendance at a weekend seminar (level I) - even passing a comprehensive examination (level II) - is a poor indicator of a person's ability to coach effectively in the gym, and therefore the extent of NCCP certification in amateur boxing should not be considered a valid measure of the quality of coaching in the sport. Without hard evidence to the contrary, this criticism must be seriously considered. Partly for this reason, the federal and provincial governments are now conducting a comprehensive assessment of the NCCP, with a view to determining its contribution to coaching effectiveness. This in turn requires the development of measures to assess "coaching effectiveness," no mean task as anyone familiar with the evaluation of teachers and other professionals will attest. In the meantime, it is our view that expanding the number of certified coaches is a useful task for Boxing Ontario. In fact, it should be given high priority. In addition to stressing the mechanical basis for offensive and defensive skills, the course materials emphasize the scientific and medical basis of athletic preparation, knowledge intricably linked to boxer safety. In the Level III Coaching Manual, for instance, the chapter on "The Health and Well-being of the Boxer" outlines both safe and harmful regimes of weight reduction, and the reasons why certain drugs are prohibited. Every boxer would benefit from access to a

coach with this information. It may well be that experienced coaches possess much of this information already, but in that case, the course will provide a valuable refresher and a check on the information they have. Tom Watt, a former Canadian Olympic hockey coach who has attended more than 100 coaching clinics, often as an instructor, has said: "I've never attended a clinic at which I didn't pick up something useful I didn't know before, you just have to be open to it, that's all." It is in this spirit we support the certification program.

During the last year, Boxing Ontario has made some progress in this direction. It hired a full-time executive director, thus permitting the technical director to devote more time to coaching development. It began to require level II certification as a condition of appointment as provincial coach, thus creating an incentive for certification. It has hired a former national Romanian coach to conduct regional clinics in Kingston, London, Georgian Bay, the Kawarthas, and Thunder Bay, thereby increasing the number and accessibility of technical course offerings. In 1982, the number of coaches who took level I technical increased significantly. Yet offering the courses does not guarantee they will be taken, and this is especially true for the theory courses common to all sports. Boxing coaches seem to be extremely reluctant to enrol in these courses, as indicated by the fact that 57 have taken the level I technical, compared to 17 for the theoretical.

Our recommendations with respect to coaching arise from our belief in the value of the certification program and are meant to encourage Boxing Ontario to continue these new initiatives. We recommend that Boxing Ontario:

- set as a requirement, effective no later than January 1, 1986, that to be registered, all boxing clubs must

have at least one completely certified level I coach. If the presentation of the NCCP theory courses is inappropriate for some coaches, the Technical Director should work with the provincial coaching consultants to develop a more appropriate design.

- establish as a rule, effective no later than January 1, 1986, that the second or cornerman for every boxer must have at least level I Technical with a demonstrated paramedical knowledge of boxing injuries, and the physical indications that a boxer is in difficulty in the ring. (We should note here that 70 percent of respondents to the questionnaire supported the idea of a minimum qualification for seconds.) To implement this recommendation, Boxing Ontario will have to:

- add a written examination on paramedical knowledge of boxing injuries to the level I Technical course
- develop a register of qualified "seconds" and enforce it
- develop, in conjunction with the provincial coaching consultants, a process for evaluating coaches. Such evaluation must include an assessment of each coach's overall contribution to boxer safety.

We also recommend the Ministry of Tourism and Recreation monitor the implementation of these recommendations.

Officiating

As we have already shown, qualified officials provide

another essential safety-related human resource to amateur boxing. Officials must be physically fit, possess paramedical knowledge about boxing injuries and how to recognize them, and demonstrate competence in the ring. (These requirements are spelled out in the Boxing Ontario booklet, Boxing Officiating.) There are five levels of certification, as determined by AIBA and the National Referees and Judges Commission. In Boxing Ontario, there is a volunteer Director of Officials, and a chief Official for each region. All officials are members of the provincial Referees and Judges Commission, which is responsible for training and certifying officials up to level III, standardizing the interpretation of rules, coordinating and evaluating the activity of officials, and recommending appropriate changes and improvements.

On the whole, we believe the system is well designed. The rules prevent a coach from being an official, and viceversa; and the structure of the Referees and Judges Commission, including the election of Director of Referees/Judges, independent of the membership of Boxing Ontario. Both practices encourage impartiality in officiating. At each competition, responsibility for boxer safety (and scoring) is vested in several qualified persons, so while each office is charged with certain specific responsibilities, there is shared responsibility overall. There is also provision for appeal; in sanctioned bouts, to the chief official; in tournaments, to the jury.

From the evidence we collected, the quality of officiating in practice is satisfactory. During the last few years, there has been a significant increase in the number of certified officials and the Referee and Judges Commission seems to function smoothly. Although the decisions of referees and judges can sometimes be highly controversial, the clubs in the province seem generally satisfied with the officiating they have received. Seventy-six percent of clubs responding to our

questionnaire said that the rules were being enforced consistently in their region; and 70 percent said that the quality of refereeing was either good (47 percent) or excellent (23 percent). No doubt there are improvements that can and should be made, but we believe they can be left to the responsible persons in the sport.

Medical Support

One strength of amateur boxing in recent years has been the active support of some members of the medical profession. At the national level, the CABA Medical Director has played a leading role in the development and administration of medical controls, certification courses, and the procedures for training camps and national teams. In Ontario, the active physicians in amateur boxing recently formed themselves into a Medical Commission and held a one-day conference during which time proposals for improvement were discussed. Among those forwarded to Boxing Ontario were recommendations that:

- each year upon registration a Certificate of Medical Fitness to Box be enclosed with the athlete's registration form
- a Boxer without a red CABA Medical Passport not be allowed to box under any circumstances
- following a knockout or RSC(H), a Boxer be presented with a medical form pertaining to the injury received, medical suspension period, and follow-up action
- the practice of losing weight immediately prior to a bout be condemned.⁸⁶

The development of an active Medical Commission is a good one. But in our view, it should be more than an advisory body; it should assume administrative responsibility for medical matters. For example, under CABA rules, the examining physician has the final authority to approve or disqualify a boxer for a bout. As the Medical Commission is now on record in favour of strict enforcement of the passport, it should so instruct its members. For this reason, we direct those recommendations dealing with the passport system to the Medical Commission.

In his submission to the committee, Ken Hamilton recommended:

The creation of an independent government medical board with authority to order medical assessment of boxers and to prohibit competition for such periods of time deemed expedient to the health of boxers.⁸⁷

In our view, such a recommendation is unnecessary because these functions are already being performed through the Medical Commission of Boxing Ontario.

The Governing Structure of Boxing Ontario

The governing structure of any sport has an indirect effect on athlete safety, for if it functions well it can facilitate the examination of problems that arise and the resolution of conflict. An effective governing structure requires both a fair and straightforward system of rules and a willingness by those in authority to act according to the rules.

During the course of our evaluation, it was alleged that the governing structure of Boxing Ontario was faulty in four important respects: that the provincial

executive governed by fiat rather than the rules; that the professional staff monopolized decision-making to the detriment of volunteer development; that the association lacked effective mechanisms for conflict resolution; and that the regional voting structure gave an unfair advantage to the less populous regions. Let us deal with each of these in turn.

Policy-making and Implementation

Boxing Ontario's constitution provides for a three-tiered system of policy and decision-making. Resolutions are passed at the annual general meeting and semi-annual general meeting by delegates elected by their region, plus members of the executive. The Board of Directors, composed of the elected regional directors plus the members of the executive then reviews these resolutions and determines implementation. The executive, elected at the AGM, must implement the policies determined by the Board.

In practice, the Board of Directors does not function in the manner intended. The Board is only in attendance at annual and semi-annual general meetings, at which time the usual business of those meetings is carried out. It does not take an active role as a distinct body, in establishing policies and long-term objectives, reviewing the operations of the previous year, and evaluating the long-term plan. In fact, the Board is not perceived as the governing body of Boxing Ontario. It is not even shown on the organization chart that the association gave us. In this circumstance, power is concentrated in the executive, for it is the executive that decides which of the resolutions passed at the AGM to implement and how implementation is to occur. Given that four members of the executive are officials with extensive administrative responsibilities. (Director Officials, Director Coaching, Director Medical, Provincial

Registrar) overall decision-making has a tendency to be concentrated further in the hands of the president and the professional staff. And this has happened in Boxing Ontario. A contributing factor is the knowledge gained by these individuals from years of service to the sport. The current president has served on the executive for ten years.

The dominance of a sport by two or three key individuals is not in itself a problem, nor is it altogether uncommon in amateur sport and volunteer organizations generally. But if it serves to deny elected directors full access to the policy decisions for which they are responsible, and discourages others from assuming leadership responsibilities, then it hinders the development of the sport. This, we fear, is what has happened in Boxing Ontario. It may well be that the Board of Directors structure is cumbersome and the association could be responsibly governed by an AGM, acting as the main policy-setting body, and the executive. But we think the Board structure, which has worked well elsewhere, should be given a genuine try. Therefore we recommend: That the Board of Directors as constituted in the By-laws assume its rightful role and authority in governing Boxing Ontario. In doing so, it is further recommended that it:

- a) conduct meetings as often as required in order to carry out its responsibilities: to establish and review the implementation of the policies and objectives of the corporation (initially this may require six meetings per year)
- b) examine the accountability and decision-making structures and make changes where appropriate
- c) revise the organization chart to reflect the structure

- d) develop a checklist that will provide a list of decisions made by the organization, and identify those in authority to make the respective decisions. Once this has been compiled, it should be available to all decision-makers, and monitored from time to time by the Board of Directors.

The Professional Staff

Boxing Ontario has enjoyed the services of a full-time technical director since 1978, a full-time executive director since 1982. The technical director is responsible for coaching development, officials training, and provincial team development; the executive director for the ongoing administration of the association. Both incumbents are highly regarded by the provincial executive.

There is always a danger in volunteer organizations that the professional staff will assume and never relinquish responsibilities that properly fall to the volunteer members, and retard volunteer development in the process. It was this question we addressed with respect to the technical director, who has played a key role in the association since his initial appointment. In our view, the technical director has taken on himself too many responsibilities, which should be performed by other members. Frequently he acts as a matchmaker or chief official at meets: in 1982, he attended sixty-four competitions in the province and served as an official at most of these. When he was not an official, he sometimes took it upon himself to intervene anyway. On one occasion we witnessed, he unilaterally determined the outcome of a match by ringing the bell himself and stopping the bout. This action suggested that he was not prepared to trust the volunteer officials to do their job and tends to undermine the leadership development for which he is responsible. His direct involvement with so

many competitions makes it difficult, if not impossible, for him to act as a mediator when decisions are challenged and conflict occurs. On the other hand, it does seem that many in Boxing Ontario expect him to perform in this fashion, so if he is assuming more functions than he is responsible for it is with the tacit approval if not the encouragement of the executive.

In our view, the technical director should not perform so many volunteer functions himself. His function is to help the volunteers develop the necessary skills themselves. We therefore recommend that the Board of Directors direct him accordingly.

Conflict Resolution

The issue of conflict resolution arose primarily, though not entirely, from a long-simmering dispute between the Boxing Ontario executive and the Cabbagetown Youth Club. Originating with some of the safety issues we have discussed, the dispute has been complicated and prolonged by the failure of both parties to attempt constructive resolution, with unfortunate results for the sport. The conflict began to escalate in the fall of 1980. At the Boxing Ontario annual general meeting in June of that year, Cabbagetown coach Ken Hamilton proposed that the voting structure be re-examined, but his motion was defeated. Then in November, Hamilton wrote the membership complaining that the AGM had been illegal, because it lacked a quorum; that the current executive had been negligent in its duties; and that officiating in the province left much to be desired.⁸⁸ At the same time, he took the dispute outside the organization, sending similar complaints to the Minister of Consumer and Commercial Relations, the Hon. Frank Drea and his M.P.P. Margaret Scrivener. In his letter to Scrivener he wrote that "Boxing Ontario comprises largely a group of inefficient, empire-building, nepotistic bureaucrats that

care little for the actual enhancement of amateur boxing."⁸⁹

No doubt this barrage of letterwriting was upsetting, but Boxing Ontario President Harold Smyth's response was to throw oil on the flames. Under section 5.07 of the Boxing Ontario constitution, there are two provisions for the disciplining of members: 1) the Board of Directors, upon the advice of the Disciplinary Committee, may terminate membership "for conduct deemed detrimental to Boxing Ontario"; 2) the President may suspend a member for up to 30 days for "cause." Neither "detrimental to Boxing Ontario" nor "cause" are defined. On December 10, 1980, Smyth wrote Hamilton advising him that his letterwriting "is a detriment to Boxing Ontario and amateur boxing in general" and if he did not stop, the constitution would be enforced.⁹⁰ Hamilton responded through his lawyer that any disciplinary action would be contested in court action⁹¹ and the two sides have been dug in ever since. In the spring of 1981, Hamilton tried to elect his own slate of candidates to the executive,⁹² but when that proved unsuccessful he resumed his letterwriting - to the professional staff, provincial politicians and civil servants, the press and most recently, the Amateur Boxing Review Committee. One result was the appointment of this Committee.

We can only wonder what might have happened if the Boxing Ontario executive had been able to recruit Hamilton's insight and energies for the administration of the sport, or had provided an impartial forum for airing his complaints. But we shall never know, for Smyth and his colleagues chose to threaten him with suspension and expulsion rather than deal with the substance of his allegations. Although they never went ahead with it we have no doubt that the threat was implied. Hamilton is not the only critic to have been dealt with summarily by

Smyth. In March 1983, Smyth just as preemptorily asked his vice-president for his resignation, after a dispute about officiating.⁹³ In addition, executive and annual meetings were often run in roughshod fashion, with business conducted without formal motions and voting, and minutes incomplete and unclear. Although the results of our questionnaire indicate that the majority was satisfied with the way meetings were conducted, 76 percent of clubs which said they had directed a complaint to Boxing Ontario said it was not handled to their satisfaction.

We have concluded from this that the executive did not create an atmosphere where critics felt confident that their views would receive fair consideration. Hamilton certainly angered the executive with his personal attacks but we expect elected leaders to act democratically even when under attack. Iroquois chiefs and sachems "were expected to have skins seven thumbs thick so as to remain untouched by gossip, envy, and criticism"⁹⁴ and we deem that a desirable standard for leaders of volunteer sport governing bodies, where genuine differences invariably arise. In Boxing Ontario's case, the executive's crude attempt to silence Hamilton only served to feed the fire. If at times Hamilton became an abusive conduit for all anti-executive sentiment in the province, it might be said that he was driven to it. The resulting ongoing verbal warfare is not conducive to the long-term development of any sport.

In his submission to the Committee, Hamilton proposed that the activities of Boxing Ontario be supervised by a provincial commissioner not unlike the present Athletics Commissioner:

Any enquiries, complaints or disciplinary action shall be within the sole power of the commissioner, and such power shall apply to all boxing participants,

including members of Boxing Ontario for breaches of the Rules. This commissioner shall be responsible to the Ministry only.⁹⁵

Hamilton told us that a commissioner is necessary to ensure the safety of athletes and the rights of Boxing Ontario members.

The Committee does not accept the need for a supervisory commissioner. While sympathetic to the need for fair and orderly conflict resolution within the sport, we believe it must occur within Boxing Ontario itself. By its very nature, a sport governing body should be able to settle disputes and fundamental questions itself, or at least to initiate their resolution. There may be an occasional need for the state to intervene in the affairs of a self-governing sports association, but those occasions should be kept to a minimum. It should be the goal of every sport governing body to resolve day-to-day conflict as part of its normal operations. Although Boxing Ontario's record to date does not give us much confidence, we believe it should be given the opportunity to put its own house in order. The alternative - direct state supervision over its internal affairs - is not likely to encourage democratic government within the sport.

We have identified at least four ways in which a member of Boxing Ontario can raise a complaint or initiate proposals for change:

- i) at a bout, by appealing to the Chief Official or the Jury
- ii) by placing the matter on the agenda of the Coaches Commission, the Referees and Judges Commission, or the Medical Commission, or by invoking the disciplinary procedures established by these commissions

- iii) by appealing directly to the provincial executive, or the professional staff
- iv) by raising the matter at the annual or semi-annual general meeting.

Generally, these structures and procedures provide an adequate basis for conflict resolution but in practice, some work much better than others. Complaints filed after a bout are usually handled with a minimum of difficulty. Coaches and athletes are entitled to see the judges' scoring papers, question the referee, and make a presentation to the Chief Official or Jury, and although it is done quickly and informally, it provides a reasonably fair second hearing. On the other hand, the Coaches Commission, established in 1980 to provide a forum for coaches to discuss contentious issues and proposals for improvement, has only met infrequently and is seldom orderly. At its May 1983 meeting, for example, the chair ignored the rules, abused the members present, and failed to complete the agenda. At this year's annual general meeting, delegates were treated even-handedly, but there was considerable confusion about the rules of business and debate. Considerable improvement is therefore necessary.

Our recommendations in this regard flow from the need to protect the rights of individual members and improve the conduct of meetings:

1. Clarification of Membership

Boxing Ontario has several categories of membership - competitors, coaches, officials, associate members, active clubs, associate clubs, and new clubs. The constitution only sets out the rights and responsibilities of some categories of members. It should clarify the rights and duties of all.

2. Members' Right to Make Motions and Amendments to By-laws

All members should enjoy the right of placing motions on the agenda of decision-making meetings, even at the AGM where the voting delegates are elected by the regions. They should also enjoy the right to initiate by-law amendments.

3. Members' Right to Call Meetings

All members should have the right of calling a "Special General Meeting." The by-laws should therefore be amended to this effect.

4. Members' Right to Attend Meetings

All members should have the right to attend any meeting of the association, although only voting members should be allowed to speak.

5. Members' Right to Impartial Chairing of Meetings

Since the orderly conduct of meetings is essential to the smooth functioning of the association and since not all table officers have the skills of chairing a meeting, Boxing Ontario should encourage chairpersons to take a course to develop these skills, and should ensure that copies of the rules are on hand at all meetings.

6. Members' Right to Fair Disciplinary Procedures

At present, the President, the Board of Directors, the Coaches Commission and the Referees and Judges Commission possess disciplinary powers. It is essential that the Boxing Ontario disciplinary procedures be clarified, for as some presently stand,

they constitute a potential violation of members' rights. In each case, the constituion should:

- clearly and exhaustively state the actions that will lead to disciplinary procedures. At the moment, the phrases "for cause", "failure to meet requirements", and "conduct detrimental to Boxing Ontario", which are found in Section 5.07, are unclear, and give decision-makers an unfair degree of discretion.
- clearly state the officers or individuals who can initiate disciplinary action. Can anyone write the Board of Directors, or the Referees and Judges Commission, and propose that a member should be disciplined? This responsibility should be clearly spelled out.
- provide the protections of "natural justice", including the right to notice, the right to a hearing, and the right to an unbiased decision, for any member facing a disciplinary proceeding.
- provide the right of appeal for all forms of discipline. In each case we recommend that a standard form of appeal be used.

Our recommendations here follow the reasoning developed in the monograph Athletes' Rights in Canada, recently published by the Ministry of Tourism and Recreation.⁹⁶

7. Establish a Complaints Procedure

In view of the widespread perception that complaints are not promptly handled by Boxing Ontario, we recommend that a requirement be established to bring all unresolved complaints to the attention of the membership.

Any "member" or "member club" in good standing should be able to make a complaint in writing to Boxing Ontario, concerning the management, operation, performance, or supervision of the association, its elected officers, officials, delegates, or employees that may prejudice, adversely affect, or restrict the avowed aims and goals of the association. Failing a satisfactory response or resolution within thirty days, the President should notify the general membership about such complaints as soon as possible or, at the latest, before the next general meeting, at which time such complaints and their resolution should be placed on the agenda for general discussion.

Boxing Ontario should amend its by-laws to put such a procedure in place.

8. Full Knowledge of Procedures

All members should know the procedures available to him or her for filing a complaint or initiating a proposal for change.

We therefore recommend that they be summarized in a booklet and widely distributed.

We also recommend that the Ministry of Tourism and Recreation monitor the implementation of these recommendations.

If these amendments are made to the present structures, and if all members of Boxing Ontario make a concerted effort to use them, we feel confident that the sport can govern itself. It is absolutely essential, however, that all members commit themselves to this task. In recent years, some members have felt justified in bypassing the decision-making structures of Boxing Ontario and taking their complaints directly to the

ministry and/or the press. No organization can tolerate such behaviour in the long term.

There can be no excuse for any member of Boxing Ontario not working through the proper channels.

Regional Representation

At present, representation on Boxing Ontario decision-making bodies is by region, rather than by population base. This means that clubs in the more populous regions of the province have a harder time electing their members to boards and commissions. In the Central region, there are 13 clubs and 123 active boxers, compared to three clubs and ten boxers in the Northwestern region. Both regions are equally represented on the Board of Directors and the AGM. Some have complained that this is unfair.

The Committee has decided not to attempt to arbitrate this question, for it has little relevance, even indirectly, to the issue of boxer safety. In a country as large and diverse as Canada, it has often been difficult to determine a system of representation that all interests consider fair. On the other hand, other Ontario sports with similar membership patterns have developed voting structures that give more weight to actual membership. We recommend that Boxing Ontario study the experience of other sports and bring forth a report on the voting structure for the 1984 AGM.

General Administration

How well do the executive and the professional staff administer Boxing Ontario? This question, too, has an indirect bearing on boxer safety.

In many ways, Boxing Ontario has quickly become an effective organization. It has developed compatible working relationships with the national and international governing body. It has created a number of well-designed competitor development programs and opportunities. It has financial accounting and management systems well in place and provides detailed financial reports to both membership and the Ministry of Tourism and Recreation, as required. It has documented many aspects of its operations, so that procedures for the operation of various committees, programs, and staff positions are well described. In the last year, it has been able to expand its full-time staff significantly, by adding an executive director and three program officers. It has been able to attract significant corporate sponsorship. On the basis of our questionnaires, it has won the support of the overwhelming majority of the membership.

But the association exhibits a number of weaknesses. It has not always enforced its rules uniformly and the rights of members have not always been protected. Membership has fallen slightly over the past three years and there is a great need for qualified volunteers. While the number of certified coaches is up, there is room for considerable improvement. Boxing Ontario has made a concerted effort to overcome or correct some of these shortcomings. But it has not been able to develop a long-term response to the needs of its members and the sport. While aware of the difficulties of long-term planning the Committee feels that Boxing Ontario should give greater attention to organizational development. Specifically, we recommend that Boxing Ontario:

- institute a plan that addresses the long-term needs of the organization in terms of its strategy, structure, and leadership requirements.

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- develop an active program for the recruitment of volunteers that includes an identification of volunteers needed, qualifications, job descriptions, and recognition programs.
 - develop a program to train the volunteer administrators and leaders in boxing at the local, regional, and provincial levels, by providing resources, training sessions, workshops, and professional development opportunities.

These steps are necessary to consolidate the gains made by the association to date. The Ministry of Tourism and Recreation should require implementation as a condition of future financial support and should be prepared to give additional administrative or advisory assistance to help Boxing Ontario achieve these improvements.

CHAPTER FOUR

SAFETY IN THE ONTARIO AMATEUR BOXING ASSOCIATION (OABA)

The OABA is not a sport governing body in the usual sense of the term, but a loose network the clubs and boxing promoters supervised by the Athletics Commissioner. Nevertheless, we have employed the same framework to evaluate boxer safety.

The Rules

The rules governing OABA bouts have been established by the Ontario Athletics Commissioner (OAC) under the Athletics Control Act. Although the playing rules are identical or similar to those of CABA, and provide some measure of protection for the boxer, the rules taken together are not nearly as comprehensive or safety-conscious as those of CABA. Consider the following:

- OAC rules do not require a medical prior to first participation in boxing, nor do they stipulate contraindications to boxing.
- Headgear is optional under OAC rules.
- Although OABA boxers are examined before every bout, there is no provision for a competitor's medical booklet or passport.
- There is no prohibition against boxers competing out of their age class under OAC rules.
- OAC rules permit a referee to score.

- OAC rules do not allow the attending physicians to stop a bout.
- OAC rules do not require the doctor to give any knocked-out boxer an immediate neurological assessment, nor stipulate that such a boxer be sent home in the custody of a responsible companion, but merely specify a thirty-day suspension.
- OAC rules do not provide the category RSCH for boxers who have received repeated blows to the head.

Although we cannot say that the OAC rulebook creates a situation that is unsafe, we believe the CABA rulebook provides a more comprehensive safety strategy for amateur boxing. It is our impression that OABA President Frank Bricker would not oppose the introduction of the CABA rulebook for OABA matches. Although he has not kept medical records on boxers in his own club, he said the introduction of a CABA-type system of medical controls, passports, and the certification of referees and judges would benefit all boxers. He felt the CABA rule against holding "was misguided, but I could live with it." His only major objection was to the mandatory use of headgear; he would prefer an optional rule.

Coaching

The OABA does not have a formal system of coaching development. Coaches like Bricker, with more than forty years experience, have developed their own systems of athletic preparation and training that have proven effective in bringing boxers to the top. On the other hand, they lack the scientific basis that the Canadian sport community has come to demand for both performance and safety; they tend to be unique to each

individual coach. Even Bricker has not been successful in imparting his knowledge to others, with the result that coaching in the OABA does not provide a reliable safeguard for boxers.

Officiating

Officials for OABA bouts are all supplied by the Athletics Commissioner, from the pool of licensed officials who work professional and OABA matches. According to the present Commissioner, Clyde Gray, OAC officials learn their duties by experience. Despite the occasional seminar there is no formal certification, no rating system and fitness requirement as in Boxing Ontario. Yet Gray told us he is "constantly evaluating them and will demote someone when necessary."

It is difficult for us to evaluate the extent to which OAC officials protect amateur boxers. At one OABA match we attended, a referee was highly critical of Boxing Ontario referees, complaining that they stopped fights too frequently. "My view is that they come here to go after each other, so I just let them slug it out," he told us. If the referee has to score the bout, he cannot give his full attention to boxer safety. It may be that with a small pool of officials, Gray can keep a close eye on them and insist they all be highly experienced, but we are troubled by the lack of a formal certification procedure, particularly in such a risky sport. Certainly such a loose system would not be satisfactory if there were many more clubs involved.

Medical Support

Medical examinations are conducted at OABA bouts by doctors licensed by the Athletics Commissioner. The

physicians are required to remain at ringside for the bouts, and suspend for thirty days any boxer who has been knocked out. OAC doctors are supervised by the Chief Ring Physician, Dr. Bruce Stewart, who has been a member of our committee. They regularly attend clinics and seminars on boxing injuries.

General Administration

The OABA is an anomaly among Ontario sports organizations today. In the first place, it is not a self-governing body whose actions are determined by the democratically expressed choices of its members, but a ward of government, relying upon the Athletics Commissioner for its more important functions, the definition of rules and eligibility, and the sanctioning and supervision of contests. Although OABA members no doubt make recommendations to the commissioner, he is not accountable to them in any way, but rules by the power of the state. The system seems to work to the satisfaction of OABA members, but it stands as a striking exception to the general practice in Canadian sport, and the widespread belief that a democratic structure best protects the interests of participants. Secondly, the OABA remains in the "pre-sport science" or "kitchen-table" age of Canadian sport.

In the twenty-two years since the passage of the Fitness and Amateur Sport Act, a revolution has taken place in Canadian sport. Athletic development has become a highly scientific practice, often involving not only coaches but teams of specialists. The administration of sports governing bodies has now been fully professionalized, with the most operating out of permanent offices equipped with advanced means of data processing and communication. With the assistance of the federal and provincial governments and the Coaching

Association of Canada, sport governing bodies now train their own coaches and volunteers, publish their own magazines and newsletters, undertake or fund research, and conduct developmental programs in schools and the community, in addition to the traditional tasks of regularizing competition and operating training camps and national teams. Even with the assistance of the Athletics Commissioner, the OABA can provide none of these services or programs, for the commissioner merely sanctions bouts and allocates officials; his office is not equipped to provide the technical and administrative services offered by the Ministry of Tourism and Recreation. In 1982, Boxing Ontario spent \$225,000 on its various programs while as an organization, the OABA made no expenditures at all.

In his interview with us, Frank Bricker said that he felt the OABA could exist without the Athletics Commissioner, but it would be extremely difficult for it to develop all the programs now offered by sport governing bodies. We agree. We do not mean to disparage the OABA (or that generation of Canadian sports leaders who organized successful programs from their kitchen tables), but we do not believe it could transfer itself into a modern sport governing body.

Do Safety Considerations Necessitate the Amalgamation of the OABA and Boxing Ontario?

In our view, the structures developed by CABA and Boxing Ontario provide a greater measure of safety than those of the OAC and the OABA. To enhance the safety of boxers, and to gain access to the superior training and competitive opportunities offered by Boxing Ontario, the OABA should become part of Boxing Ontario. But we do not believe the relative underdevelopment of boxing in the OABA requires the OABA's forced entry into Boxing

Ontario. The OABA is small (four active clubs, all in the Brantford area compared to the 66 clubs in Boxing Ontario) and conducts only a small number of shows each year (fifteen in 1982, ten of which were at Bricker's Brantford club). Because it has slowly declined in size during the last decade, it is not likely to achieve significant growth. In fact, some observers expect it will fold when Bricker retires. Under these conditions, we feel the experience of veteran coaches and officials provides an acceptable measure of safety.

CHAPTER FIVE

CAN THE OABA AND BOXING ONTARIO BE MERGED?

In the best of all possible worlds, the OABA would merge with Boxing Ontario. Amalgamation would provide the opportunity for OABA boxers to compete nationally and internationally, uniform administration for the sport across the province, and a single organization for government and the public to deal with.

In September 1982, at the prompting of the Ministry of Tourism and Recreation, the executive of Boxing Ontario formulated a proposal for a merger with the OABA. The text of that proposal is contained in Appendix 4. Essentially, it invites all members of the OABA to join Boxing Ontario and participate, without prejudice, in all the programs and competitions offered by Boxing Ontario and CABA. In addition, it offers the OABA one non-voting position on the Boxing Ontario executive for the first year of amalgamation. In return, OABA members would have to accept CABA rules:

The Rules and Regulations and sanctioning procedures are non-negotiable (the proposal states), as they involve the control and safety aspects of amateur boxing and can only be changed upon a majority decision of the members of the Canadian Amateur Boxing Association.

After polling senior representatives of the OABA, President Frank Bricker told us that the proposal was not acceptable. He said that the two groups were really not that far apart on the playing rules and that he could be persuaded to accept them. He also said that he admired the training programs for coaches and officials that CABA had developed and he approved the idea of

certification for coaches and officials starting out in the sport. But he and his colleagues were completely opposed to the CABA eligibility requirements, which are:

An amateur boxer, regardless of age or weight, shall not take part in any boxing contests on the same program, nor at the same venue, where professional boxers are taking part within twenty-four hours. This is to include exhibition bouts, both amateur and professional. There shall be no deviation from this rule (Rule 2, p.7).

Amateur cards shall not be issued to any person having a financial interest in a boxer or any person who is in the business or promoting professional bouts, directly or indirectly (Rule 3, p.7).

All referees, judges, timekeepers, seconds, and assistant seconds working at a CABA sanctioned competition must be a member of the Canadian Amateur Boxing Association, and may not promote, officiate, coach, second or assist in any way in the promotion, and/or conduct of professional boxing contests. Doctors of medicine due to the nature of their profession are exempt from this rule (Rule 4, p.7).

These rules are intended to protect amateur boxers from contamination by North American professional boxing, which CABA representatives believe is dangerous, exploitative, and corrupt. But from the OABA's perspective, professional boxing is not an evil, and these rules restrict a club's ability to operate. By prohibiting amateurs from competing on the same cards as professionals, and amateur clubs from staging pro-am cards, Rules 2 and 3 would eliminate a major source of revenue for OABA clubs. Rule 4 would prohibit a coach like Bricker, who simultaneously coaches both amateurs

and professionals, from CABA membership and therefore from serving as a cornerman at Boxing Ontario bouts.

While sympathetic to CABA's desire to distinguish itself from professional boxing, the Committee believes Rules 2, 3, and 4 are misguided. What they do is create an ideological standard - not an athletic one - for participation in the sport. CABA is no longer strictly amateur, if amateurism means participation without monetary benefits. CABA boxers now receive living stipends from Sport Canada, and are eligible for advertising and appearance fees, as long as they are administered by CABA, under rules recently approved by AIBA and the International Olympic Committee.⁹⁷ CABA also pays its national coach, Gordon Taylor, and coaches who are paid by universities and schools to help amateur boxers who are eligible for CABA membership. CABA coaches are eligible for Canadian Olympic Association financial awards based upon the performance of the athletes they coach. What CABA is saying, then, is that several forms of payment are acceptable, while one - that of taking a fee or percentage for coaching a professional boxer - is not. We do not accept that the professionalism CABA allows is morally superior to that practised by coaches like Bricker.

Secondly, these rules deprive CABA boxers of access to a number of highly experienced coaches and trainers. Professionals are allowed to coach under AIBA rules. In fact, in the United States Amateur Boxing Federation, it is estimated that 75 percent of boxers are coached by men CABA would disqualify as "professionals".

Finally, these rules create a violation out of a boxer's personal associations, a practice that runs counter to the age-old Canadian "right to free association", while they tar all participants in professional boxing with the same brush of immorality. There is no doubt that a number of

professional boxers have been unfairly - even illegally - treated by their coaches, managers, and promoters, but it is incorrect and unfair to so label them all. It is even more unfair to penalize amateur boxers simply for being associated with the professional sport.

In short, since these rules do not emanate from considerations of athleticism, boxer safety, or sportsmanship, we find them inappropriate.

Ironically, the majority of boxing clubs in Ontario seems to support the idea that professionals should be allowed to coach and work the corners in Boxing Ontario. Seventy percent of clubs responding to our survey said they would support a constitutional amendment to allow professionals to coach. In a similar survey conducted by Boxing Ontario in 1981, 57 percent supported the idea.⁹⁸ (By comparison, a majority has always opposed the idea of pro-am cards.) For this reason, Boxing Ontario delegates to CABA meetings have tended to support motions of this kind.

The Committee would like to declare its support for these initiatives, for they would facilitate the amalgamation of the two bodies. We recommend that CABA amend its eligibility provisions to bring them into conformity with AIBA rules, thereby permitting professional coaches to join. If this were done, we would have no hesitation in recommending that the two organizations be brought together by legislation. This could be done simply by requiring all amateur boxing contests in Ontario to be held under the sanction of CABA, as is already the case in Nova Scotia.

In the meantime, we recommend that both the Ministry of Tourism and Recreation and the Athletics Commissioner continue their efforts to bring the OABA and Boxing Ontario together voluntarily.

CHAPTER SIX

THE ROLE OF GOVERNMENT IN AMATEUR BOXING

Government regulation of amateur boxing has been a consequence of the Criminal Code; under Section 81:

- (1) Every one who
 - (a) engages as a principal in a prize fight,
 - (b) advises, encourages or promotes a prize fight, or
 - (c) is present at a prize fight as an aid, second, surgeon, umpire, backer or reporter,is guilty of an offence punishable on summary conviction.
- (2) In this section, "prize fight" means an encounter or fight with fists or hands between two persons who have met for that purpose by previous arrangement made by or for them, but a boxing contest between amateur sportsmen, where the contestants wear boxing gloves of not less than five ounces each in weight, or any boxing contest held with the permission or under the authority of an athletic board or commission or similar body established by or under the authority of the legislature of a province for the control of sport within the province, shall be deemed not to be a prize fight.⁹⁹

Although this wording seems to exempt amateur boxing from prosecution, in most parts of Canada the

provincial and municipal athletic commissions established to regulate professional boxing (and usually professional wrestling) were given responsibility for amateur boxing as well. Given that most amateur sports organizations now allow athletes to receive financial assistance, it is difficult to imagine what definition of "amateur" a court would use if a case rested upon this phrase. We therefore do not believe the resolution of this question should be left to the courts.

In Ontario, the Athletics Commissioner assumed responsibility for boxing at a time, in the 1930s, when the sport was relatively unorganized and there was public pressure for government regulation of endurance events of all kinds, from marathon swims to dance contests. Clearly, these circumstances have changed. At least in the case of Boxing Ontario, a well-established, legally incorporated sports governing body now regulates the sport according to nationally and internationally established rules. What role should the Ontario government play now?

There is no shortage of answers to the question. The executive of Boxing Ontario would like to see the complete de-regulation of amateur boxing from the Athletics Control Act, so it would be treated no differently from any other amateur sport in the province and be administratively separate from the agency that regulates professional boxing. On the other hand, Ken Hamilton would like to keep the office of the Athletics Commissioner in amateur boxing as a guarantor of safety and as an arbitrator of last resort. Clyde Gray, the present Commissioner, would like to retain the responsibility for amateur boxing because he believes that ideally, the amateurs and professionals belong together. Frank Bricker, on behalf of the OABA, told us he would prefer the status quo, but would be able to continue his operations if amateur boxing were completely de-regulated.

In addition to canvassing the views of those principally involved, the Committee examined the legislation in other provinces in Canada and in the adjoining American states. Practices range from regulation by an athletic commission, as in most provinces, to the absence of any regulation of amateur boxing, as is the case in New York and Ohio. In Manitoba, there is neither legislation nor regulations governing the conduct of amateur boxing, but any organizer of a show must pay a \$10 fee to the provincial treasurer. Boxing is the only amateur sport required to do so.¹⁰⁰ In Michigan, amateur bouts conducted under the auspices of a school, college, or university are exempt from the legislation.¹⁰¹ In Nova Scotia, the Boxing Authority Act of 1973 established a Nova Scotia Boxing Authority with powers over amateur boxing. The Authority has subsequently set standards for the medical examination and equipment to be used in amateur boxing contests, but otherwise requires all amateur contests to be held under the sanction and rules of CABA.¹⁰²

Perhaps the most intriguing legislation is the Quebec Safety in Sports Act, established in 1979 in response to a provincial inquiry into hockey violence.¹⁰³ This act consolidated all Quebec legislation dealing with safety (or the risk of injury) in sport and abolished all existing municipal athletic commissions. It established the Safety in Sports Board with wide powers for all sports. Its duties include:

- issuing licences to sports organizers in motor vehicle racing, combat sports, skiing, and swimming and water sports
- approving regulations for sport governing bodies to protect both participants and spectators

- collecting, conducting, and disseminating research into safety in sports
- conducting educational courses and campaigns about safety in sports
- investigating related problems.

Professional boxer Cleveland Denny died in Montreal four days after the three-person Board was appointed, so it made safety in boxing its first concern. It has issued two research studies and a major report, and has significantly tightened the regulations governing professional boxing.¹⁰⁴ Earlier this year, it began the process of establishing safety regulations for all sports in the province, by requiring sport governing bodies to submit draft rules for Board approval. Standards or rules are required for:

- facilities and equipment
- the training of participants
- staging and conducting competitions
- coaches, referees, and officials
- the penalties and procedures to be used in cases where these standards are not met.¹⁰⁵

It is instructive to note that this legislation will establish safety codes even where sport governing bodies already regulate the activities concerned. To the best of our knowledge, no similar program exists anywhere else in the world. Drafting and approving the standards of the comprehensiveness required by the Quebec regulations is a major undertaking. For this reason, Board president Gilles Neron told us that he and his staff

will proceed cautiously, and they hope that the regulations approved in each sport will be established by agreement with each sport governing body, although the Board has the power to impose them. Enforcement procedures have not yet been established, but the Act provides for injunctions (to stop an event from taking place) and fines of up to \$10,000 for non-compliance.

As a general principle, the Committee believes that sports should be self-governing, and that the state should limit itself to the provision of the infrastructure where sport development may take place, and financial and technical assistance. It should only step in to regulate if there are pressing public reasons to do so.

Earlier in our investigation, the Committee seriously considered the option of regulating amateur boxing along the lines envisioned in the Quebec legislation and requiring clubs and coaches to obtain provincial licences. We have decided against this approach and will recommend instead a measure of de-regulation.

In the first place, given the risk of injury in all sports, particularly those involving body contact, we believe that if government should assume direct responsibility for safety in sports, it should do so across the board, not just in boxing or the combat sports. Although we believe the implementation of the Quebec legislation should be closely monitored by the Ontario government (and all sports persons generally), at present we do not feel that sports governing bodies in Ontario are so neglectful of safety that a new regulatory program is necessary.

Secondly, the irregularities we found in Boxing Ontario do not in themselves justify direct government control of the sport. Despite the evident organizational weaknesses and the laxity in the enforcement of certain

rules, Boxing Ontario has designed an effective system of safeguards and has made progress in installing and administering it. Although there is no guarantee that the association will implement any of the recommendations we have made, it will be under considerable pressure to do so from its membership, from the public, and from the Ministry of Tourism and Recreation on which it has become dependent for financial support.

Thirdly, although it is not generally considered a regulatory agency, the Ministry of Tourism and Recreation provides an effective check upon the actions of the sport governing bodies. By requiring them to achieve a standard of competence as a condition of provincial recognition and assistance, it has gained a significant measure of control. Yet it is not simply a policing agency. It allows them considerable autonomy in the day-to-day conduct of their affairs and it provides a wide range of administrative and technical services to help them improve. For us, this is the approach the Ontario government should take with Boxing Ontario.

By comparison, the Athletics Commissioner performs merely a regulatory function. At present, he does not add any safeguards or protections to those directly administered by Boxing Ontario. He simply sends Boxing Ontario a licence and collects a fee. His office is not constituted to offer the administrative and technical assistance now provided by the Ministry of Tourism and Recreation.

Finally, although a court has held that a voluntary sport governing body cannot be held accountable to as high a standard of care as a public body,¹⁰⁶ Boxing Ontario and its members are legally liable for damages for personal injuries if negligence can be proven. The Coaching Association of Canada has developed a

coaches' insurance policy for this very reason - not just for boxing, but for all sports.¹⁰⁷ There is no ground for the fear that if amateur boxing were removed from the Athletics Control Act an amateur boxer would no longer have recourse if injured as a result of negligence.

For these reasons, we feel it would be desirable to remove Boxing Ontario from the control of the Athletics Commissioner. As long as Boxing Ontario retains the confidence of the ministry responsible for amateur sport, it should be free to function in the manner of other sports governing bodies in the province. We recommend that:

The Government of Ontario amend the Athletics Control Act so that all boxing competitions held under the sanction of the amateur boxing association recognized by the Ministry of Tourism and Recreation will be considered to have met the requirements of the Criminal Code. The effect of this recommendation will be to relieve the Athletics Commissioner of any responsibility for Boxing Ontario.

The Ministry of Tourism and Recreation monitor the implementation of the Quebec Safety in Sport Act with a view to determining the need for similar legislation in Ontario; and that in cooperation with Sport Canada, the other provincial governments and the Sports Medicine Council of Canada, it help create a system whereby the most pressing problems relating to sports safety are identified and systematically studied.

What remains is the question of the amateur boxing contests held under the auspices of OABA clubs and individual promoters. The OABA is not a proper sport governing body and therefore we could not entrust the

regulation of the sport to it. In this circumstance, government regulation should continue.

We are also concerned about the "So You Think You're Tough" and other amateur contests, which from time to time have been staged in the province. These invariably involve untrained men, with no screening to ensure that they possess any boxing skill or a knowledge of the rules. They are promoted with such an emphasis on machismo that it is hard to believe there is much concern for safety.¹⁰⁸ For this reason, in 1981 the Athletics Commissioner outlawed "Tough Guy" contests from the province. We believe continued government regulation is necessary so that this prohibition will continue.

In order to improve the safety of non-CABA contests, we believe the Athletics Commissioner should bring his rules in line with the medical and playing rules of CABA. We therefore recommend:

That the Ontario Athletics Commissioner

- amend the regulations established under the Athletics Control Act to require all amateur boxing matches to take place under CABA medical and playing rules
- develop, with the assistance of the Chief Ring Physician, a medical control system similar to CABA's for all amateur boxers under his supervision. This would mean that all athletes would receive a medical, sign an "informed consent" form, and register with the Athletics Commissioner before being allowed to train or box
- require all new referees and judges for amateur matches to obtain CABA certification

- encourage all coaches under his supervision to enrol in CABA coaching certification courses.

These recommendations would have the added benefit of facilitating amalgamation between the OABA and Boxing Ontario by bringing both groups under a uniform set of rules and developmental programs.

As we suggested in the previous chapter, if CABA were to amend its eligibility requirements to allow membership to OABA coaches, then our principal objection to amalgamation would be removed. Amalgamation could be effected by amending the Athletics Control Act to require all amateur boxing contests in Ontario to be conducted under CABA sanction. This would have the simultaneous effect of outlawing all "So You Think You're Tough" tournaments and removing the Athletics Commissioner from the supervision of all amateur boxing, one of the objectives of the Memorandum of Understanding signed between the Ministries of Tourism and Recreation and Consumer and Commercial Relations. We hope that it will not be very long before this step can be taken.

To give full effect to the Memorandum of Understanding, two further steps are necessary. Under the Act and its regulations, the Athletics Commissioner has the power to supervise amateur wrestling. Although this power has not been invoked for many years, it should be deleted from the Act.

The Act also provides for the responsible minister to establish a public inquiry into any aspect of amateur sport. Under the Memorandum of Understanding, the Minister of Consumer and Commercial Relations has agreed to exercise this power only upon the recommendation of his colleague, the Minister of Tourism and Recreation. It would be preferable if this power were simply transferred to the Ministry of Tourism and Recreation.

CHAPTER SEVEN

SHOULD GIRLS AND WOMEN BE ALLOWED TO BOX?

Under Regulation 4.2 of the Athletics Control Act, females are prohibited from participation in boxing and wrestling. During the course of our investigation, Suzanne Hotchkiss, President of the Ontario Women's Amateur Boxing Association, asked us to recommend that this regulation be repealed so that girls and women may legally box each other. At present, OWABA membership is very small (nine) but Hotchkiss believes it would quickly grow if the sport were legalized.

The Committee agrees that this regulation is unfair and we recommend that it be repealed.

If boxing is a legitimate sport, then females should be able to pursue it as well as males, unless of course it can be shown that the risk of serious injury is unacceptably high. We have not encountered any evidence that would preclude females from boxing.¹⁰⁹ In addition, it is our view that Regulation 4.2 runs counter to Sections 15(1) and 28 of the Canadian Charter of Rights and Freedoms, which prohibit sex discrimination and guarantee equal rights to males and females. Although these sections do not come into effect until 1985, we believe Regulation 4.2 should be repealed immediately. While the regulation has been defended as a desirable protection for women,¹¹⁰ it has the effect of excluding them from opportunities some of them would like to have. This is indefensible.

Ms. Hotchkiss would like to join Boxing Ontario, to take advantage of the many programs it offers. From our questionnaire, a slight majority of clubs (58 percent)

would support female boxers in their ranks. We therefore further recommend that Boxing Ontario make membership available to females and give every encouragement to those who join.

CHAPTER EIGHT

FOR AMATEUR BOXING

For much of the past thirty years, amateur boxing has taken place under a cloud of public disapproval. Institutions like the school, the university, and the YMCA have discontinued it, while critics have lumped it together with professional boxing and called for the suppression of both. In Ontario, decades of divided jurisdiction, uncertainty about government regulation, and public squabbles among boxers and coaches have enlarged upon its reputation for controversy. To a reader of the sports pages, it would seem to be an unsafe and ungovernable sport.

For some, the findings of the Amateur Boxing Review Committee may serve to confirm amateur boxing's unfavourable image. Although we found no fault with refereeing and judging in the sport, we did find that Boxing Ontario has been inconsistent in enforcing CABA rules, particularly those governing the vital passport system, which serves as a check against misrepresentation and mismatching. We also found that Boxing Ontario afforded little protection to the rights of members who raised complaints or were critical of the elected executive. We were not able to resolve the long-standing differences between Boxing Ontario and the Ontario Amateur Boxing Association, nor suggest a structure that would leave responsibility for all amateur boxing within a single ministry. In addition, there is some uncertainty about the risk of brain damage in the sport. The medical evidence published to date suggests that the incidence of brain injury in amateur boxing is low. This corresponds to our own finding that the frequency of knockout or concussion is low, occurring in less than one percent of all bouts. On the other hand,

the clinical evidence from professional boxing indicates that serious injury can occur in a sport where the head is a possible target.

Our own conclusion, however, is to cast our findings in a positive light. In the first place, the rules developed by AIBA and CABA provide a desirable measure of safety. Whereas in professional boxing, athletes are expected to fight until one has been incapacitated, the amateur rules require that a bout be stopped whenever one boxer is in danger - before injury occurs. In Boxing Ontario, it appears that these rules are taken seriously: between 1980 and 1982, 597 bouts, or 20 percent of all contests, were stopped for this reason. Other amateur rules, such as the standing eight-count, give the amateur boxer added safeguards his professional counterpart does not enjoy. Unless it can be clearly shown that the risk of serious injury in amateur boxing is unnecessarily high - we have recommended that further research be conducted to settle any doubts - we feel it safe to conclude that although risk is present, amateur boxing provides a reasonable measure of safety.

Secondly, although we have detailed Boxing Ontario's shortcomings, we have reason to believe that with public pressure and provincial assistance, these deficiencies can be overcome. The association is not without its achievements. In just eleven years of existence, it has increased its member clubs from eight to sixty-six, developed a number of successful training and competitive programs, and created the basic structures of a complex, self-governing organization. In part, the leadership of Boxing Ontario chose not to enforce the rules we have been concerned about because they believed that they were helping the sport - in the case of passports, by giving forgetful boxers a chance to compete anyway. We hope that our report, endorsed by the Ministry, will convince the association that the

recommended steps are necessary if the sport is to survive and grow. If Boxing Ontario commits itself to correcting the shortcomings we have identified, we believe it could become one of the most effective sport governing bodies in the province.

Amateur boxing remains one of the most popular of the Olympic sports. At the 1972 Games in Munich - the last not be marred by boycott - more countries entered boxing than any other sport except track and field.¹¹¹ For the athlete, it continues to provide one of the most difficult challenges sport can offer - a test of athleticism, intelligence, courage, and self-control. For the spectator, it provides one of the most essential and dramatic of sport's contests - the one-on-one, without teammates, without technology, without a ball in between. Although some Ontario boxers have reached a world standard, the opportunities available to the amateur boxer in the province are clearly not of that standard. We urge the parties responsible to set that as a goal and get on with the job.

CHAPTER NINE

SUMMARY OF MAJOR FINDINGS AND CONCLUSIONS

1. There is no reason to ban amateur boxing on ethical grounds. Amateur boxing is a sport where competitors seek to demonstrate courage, skill, intelligence, and grace in a contest where they are matched as evenly as possible by age, weight, and experience, and where a team of officials attends in order to prevent serious injury. To say, as abolitionists do, that the object of amateur boxing is to injure is to misrepresent the sport, by claiming that one possible consequence defines the whole.

Although it seems that some boxing contests, like other sports events, have contributed to violent behaviour among spectators, causation is extremely complex; the available research offers no clear guidelines for public policy. In addition, it can be said that some boxing spectators have been inspired and enriched by the drama of a boxing contest. It does not violate basic human rights, nor present violence against the defenceless. In these circumstances, to ban amateur boxing would be to censor a popular form of recreation. This would be incompatible with the cherished freedoms of liberal-democratic societies.

2. There is evidence that some boxers, amateur as well as professional, have sustained serious brain damage. Yet the question for policy-makers is not whether some athletes sustain injury, but whether amateur boxers as a group are injured so frequently and so seriously that the risk is unacceptably high. On this point, the evidence is inconclusive. Neither government nor the sport community offers guidelines on the limits to acceptable risk, nor have researchers been able to pinpoint the

exact cause and occurrence of brain damage among boxers. In amateur boxing, the incidence of knockout, which is usually consistent with a concussion, is significantly less than in professional boxing, and is less than one percent. The Committee concluded that the evidence does not warrant a ban on amateur boxing. Further research is necessary to settle any doubts.

3. The rules developed by the Association Internationale de Boxe Amateur (AIBA) and the Canadian Amateur Boxing Association (CABA) provide a desirable measure of safety. Whereas in professional boxing, athletes are expected to fight it out until one has been incapacitated, the amateur rules require that a bout be stopped whenever one boxer is in danger - before injury occurs. Other amateur rules, such as the standing eight-count, give the amateur boxer added safeguards his professional counterpart does not enjoy. The Committee is satisfied that Boxing Ontario takes the playing rules seriously. The quality of officiating is satisfactory.
4. The Committee was not convinced that all members of Boxing Ontario agree that the rules must be enforced at all times. In particular, there has been laxity in the administration of the passport system, which helps minimize mismatching and misrepresentation. All CABA rules should be uniformly enforced. There is no justification for discretionary enforcement.
5. Coaching development remains a high priority for the sport.
6. Boxing Ontario has afforded little protection of the rights of members who have raised complaints or have been critical of the executive. Amendments to Boxing Ontario's constitution are necessary to safeguard members' rights.

7. Despite Boxing Ontario's shortcomings, it has made considerable progress: in just eleven years of existence, it has developed a number of successful training and competitive programs and created the basic structures for governing the sport. It should be encouraged to continue to make improvements in the sport.
8. Amateur boxers who compete within the Ontario Amateur Boxing Association in contests supervised by the Ontario Athletics Commissioner do not enjoy safeguards as extensive as the ones in place in Boxing Ontario. The OABA is not a sport governing body in the usual sense of the term, with a constitution, elected executive, budget, and developmental programs, nor is it likely to become one. Given the experience of OABA coaches and OAC officials, and the limited number of OABA contests, the Committee concluded that OABA boxers are adequately protected. But it would be desirable if the OABA joined Boxing Ontario and came under CABA rules.
9. The Committee was unable to bring about a voluntary merger of the OABA and Boxing Ontario, because CABA eligibility rules prohibit some OABA coaches from membership. CABA should amend its eligibility rules to permit OABA coaches to join.
10. The continued existence of the OABA prevented the Committee from suggesting a structure that would leave all responsibility for amateur boxing within a single ministry. Ideally, the Ministry of Tourism and Recreation should be responsible for all amateur boxing. In effect, the ministry regulates the actions of sport governing bodies, by requiring a standard of competence as a condition of provincial recognition and assistance. It also allows them autonomy in the day-to-day conduct of the affairs and provides them with a wide range of administrative and technical services. By comparison,

the Athletics Commissioner performs merely a regulatory function. The Athletics Commissioner should therefore be relieved of his responsibility for Boxing Ontario. If CABA amends its eligibility rules to permit OABA coaches to join, all amateur boxing in the province should take place under the auspices of Boxing Ontario and the Athletics Commissioner could be relieved of his remaining responsibility for amateur boxing.

11. There is no medical evidence to preclude females from amateur boxing. The regulation that presently prohibits females from boxing runs counter to the Canadian Charter of Rights and Freedoms. It should be repealed.

CHAPTER TEN

SUMMARY OF RECOMMENDATIONS

For the Government of Ontario

1. Amend the Athletics Control Act so that
 - i) all boxing competitions held under the sanction of the amateur boxing association recognized by the Ministry of Tourism and Recreation will be considered to have met the requirements of the Criminal Code (p. 108).
 - ii) all mention of amateur wrestling is deleted from the Act (p. 110).
 - iii) the powers to conduct an investigation into amateur sport contained in Sections 7 and 8 are transferred to the Ministry of Tourism and Recreation Act (p. 110).

For the Minister of Tourism and Recreation

1. Initiate a longitudinal, comprehensive study of the incidence of brain injury in Canadian boxers (p. 46).
2. Employ the following as major criteria in assessing Boxing Ontario's performance for grant purposes:
 - i) the effective enforcement of all rules, especially of the passport system (p. 57).
 - ii) the implementation of the requirement that by January 1, 1986, all Boxing Ontario clubs have at least one completely certified Level I coach and that all seconds or cornermen at bouts have at least Level I Technical (p. 73-74).

- iii) the implementation of an effective system of conflict resolution consistent with full respect for members' rights (p. 88).
- iv) the development and implementation of an effective long-term organizational plan (p. 90).
- 3. Give Boxing Ontario additional administrative and advisory assistance to help it achieve these improvements (p. 91).
- 4. Continue the efforts to bring the OABA and Boxing Ontario together voluntarily (p. 101).
- 5. Monitor the implementation of the Quebec Safety in Sport Act with a view to determining the need for similar legislation in Ontario (p. 108).
- 6. Help create, in cooperation with Sport Canada, the other provinces and the Sports Medicine Council of Canada, a system whereby the most pressing problems relating to sports safety in Canada are identified and systematically studied (p. 108).

For the Athletics Commissioner

- 1. Assist in the efforts to bring the OABA and Boxing Ontario together voluntarily (p. 101).
- 2. Amend the Regulations established under the Athletics Control Act so that
 - i) all amateur boxing contests must be held under CABA rules (p. 109).
 - ii) all amateur boxers are required to sign an "informed consent" form, pass a general medical, and have an approved passport before competing (p. 109).

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- iii) all new referees and judges are required to obtain CABA certification (p. 109).
 - 3. Establish a passport system for all amateur boxers under his jurisdiction (p. 109).
 - 4. Encourage coaches under his supervision to enroll in the National Coaches Certification Program (p. 110).
 - 5. Repeal Regulation 4.2 of the Athletics Control Act so that girls and women will have the legal right to box (p. 111).

For Boxing Ontario

- 1. Initiate the following amendments to CABA rules:
 - i) Add a requirement that all starting-out boxers be required to sign an "informed consent" form and pass a comprehensive medical examination on a form approved by CABA. The comprehensive medical should also be made a requirement of annual renewal, and participation on a representative team or training camp (p. 48, 52).
 - ii) Amend the medical control booklet or passport to provide space for the recording of all a boxer's medical examinations, injuries, etc. (p. 56).
 - iii) Add a requirement that exhibitions be recorded in the passport (p. 56).
 - iv) Establish a penalty for any boxers and their coaches who knowingly misrepresent a boxers' identity and competitive record at a competition (p. 58-59).
 - v) Add the use of a whistle to the steps a second may add to stop a bout (Rule 12) (p. 60).

- vi) Amend Rule XII to clarify the procedure after knockout. The event organizer should be held responsible for ensuring that the injured boxer is released into the custody of a responsible adult or guardian and is briefed on his or her responsibilities by the attending physician. The custodian should then be required to report back to the event organizer after the forty-eight hour supervisory period has elapsed (p. 62).
 - vii) Bring the eligibility rule into conformity with the AIBA rule, to allow professionals to coach. This could be achieved by adding the following clause to Article I: "The definition of an amateur as stated in Article I shall be binding upon all CABA members and anyone who does not come within the terms of such definition shall not act in any official capacity in connection with amateur boxing, provided however that this prohibition shall not apply to anyone being engaged in the official capacity of a second, trainer, instructor or masseur" (p. 81).
2. Ensure that all rules are uniformly enforced (p. 51). In particular, the following rules need to be enforced and respected:
- i) Rule 6.54a, which prohibits boys under the age eleven from CABA membership (p. 53).
 - ii) Rule 9B(f), which bars a boxer without a valid passport from competitive boxing (p. 57).
 - iii) Rule 9B(a), which requires that a weigh-in be held on every day of competition (p. 58).
3. Ensure that the passport, including the insertion of a certified recent photo, is prepared under CABA's or Boxing Ontario's supervision and not by the boxer

himself. We suggest a procedure similar to that used by the Department of External Affairs (p. 57).

4. Maintain duplicate records of the information recorded on each passport by developing a computer-based information system (p. 57).
5. Develop, upon the example of other sports, a series of skill tests in which achievement would be a pre-condition for novice competition (p. 59).
6. If several bouts are held concurrently, a different "bell" should be used for each ring. Ideally, only one bout should be held at the same time (p. 60).
7. Encourage CABA to support the Sports Medicine Council of Canada's proposals for the establishment of a domestic doping control (p. 61).
8. Add the following guidelines to the rules governing provincial teams and training camps (p. 67):
 - i) All boxers must be given a medical examination prior to the team's departure and the results recorded in each boxer's passport.
 - ii) The team doctor must be informed about the medical facilities available at the site of the competition before the team's departure.
 - iii) A briefing session should be held prior to departure to establish lines of communication between manager/coach/doctor/athlete and to establish a procedure to be followed should unforeseen problems arise.
 - iv) The policy governing an athlete's return home due to illness or any other reason should be stated at the briefing meeting.

- v) During the briefing session, a Committee should be selected to deal with any unforeseen problems that may arise and that may offset the player/coach/team relationship. The Committee should be composed of an athlete representative, a coaching representative, and one of the manager or team doctor. Either the affected player or the coach should be able to call on the Committee in a particular situation.
 - vi) Athletes should have the right to veto any competition for reason of injury or illness and they should be informed of this right at the briefing session.
9. Set as a requirement, effective January 1, 1986, that all boxing clubs must have at least one completely certified Level I coach (p. 73-74).
 10. Set as a requirement, effective no later than January 1, 1986, that every second or cornerman at a competition have at least Level I Technical, with a demonstrated paramedical knowledge of boxing injuries and danger signs (p. 74).
 11. Develop a coaching evaluation process that includes an assessment of each coach's overall contribution to boxer safety (p. 74).
 12. Direct the technical director not to perform so many volunteer functions himself, but to focus his energies on enhancing volunteer development (p. 81).
 13. Give the Board of Directors its proper role in governing the sport, the Board should
 - establish and review the implementation of policies
 - assume responsibility for reviewing the decision-making and accountability structures

- identify those in authority who should make administrative decisions (p. 79-80).

14. Amend the constitution (p. 85-88) to:

- i) define all categories of membership
- ii) provide all members the right to place motions and by-law amendments
- iii) provide all members the right to call special general meetings
- iv) provide all members the right to attend any meeting of the association
- v) clearly and exhaustively state the actions that will lead to disciplinary procedures and the penalties that proven rule violations will draw
- vi) clearly state the officers or individuals who can initiate disciplinary action
- vii) provide the protections of "natural justice," including the right to notice, the right to a hearing, and the right to an unbiased decision, to any member facing a disciplinary proceeding
- viii) provide the right of appeal for all forms of discipline
- ix) provide a procedure for notifying the general membership of all members' complaints not resolved within thirty days of their receipt by the association, and for placing them on the agenda of the next membership meeting

15. Encourage chairpersons to develop their chairing skills and ensure that copies of the rules are on hand at all meetings (p. 86).

16. Publish and distribute a booklet informing members of procedures for initiating a proposal for change or filing a complaint. Such a booklet should include a statement of members' rights (p. 88).
17. Prepare a report on the voting structure of the association for the 1984 annual general meeting (p. 89).
18. Institute a plan that addresses the long-term needs of the organization in terms of its strategy, structure, and leadership requirements (p. 90).
19. Develop an active program for the recruitment of volunteers that includes an identification of the volunteers needed, qualifications, job descriptions, and recognition programs (p. 91).
20. Develop a program to train the volunteer administrators and leaders in boxing at the local, regional, and provincial levels, by providing resources, training sessions, workshops, and professional development opportunities (p. 91).
21. Open membership to female boxers and make every effort to assist those who join (p. 112).

For the Medical Commission of Boxing Ontario

Monitor the enforcement of the CABA passport system (p. 77).

Notes

1. Paul Palango, "Ontario plans inquiry into amateur boxing," The Globe and Mail, October 14, 1982.
2. "Just as walls once shaken by siege engines readily collapse at some chance disaster, unable to resist an earthquake or any other shock a little serious, so athletes' bodies, unsound and weak from blows received in practice, are liable to injury at any chance. Eyes that have been gouged are filled with rheum because they have no more power of resistance. Teeth repeatedly battered lose their hold in time and readily fall out." Galen, "Exhortation to the Arts," R.S. Robinson, ed., Sources for the History of Greek Athletes (Chicago: Ares, 1955), p. 194.
3. Dennis Brailsford, Sport and Society (Toronto: University of Toronto Press, 1969), pp. 156-57.
4. Prize-fighting involved not only the awarding of purses and much gambling, but fighting bare-fisted with few rules and no time limit: a round only ended with a knockdown, and a fight concluded only when the downed fighter could not return to his feet within 30 seconds. See John Ford, Prizefighting: The Age of Regency Boxiana (Newton-Abbot: David and Charles, 1971), J.C. Reid, Bucks and Bruisers: Pierce Egan and Regency England (London: Routledge and Kegan Paul, 1971), and Alan Lloyd, The Great Prize Fight (New York: Coward, McCann and Geoghegan, 1977).
5. Gilles Letourneau and Antoine Manganas, "La legalite des sports violents et le code criminel," Canadian Bar Review, 55 (1977), pp. 266-88.
6. See, for example, Peter Bailey, Leisure and Class in Victorian England: Rational Recreation and the

Contest for Control, 1830-1885 (Toronto: University of Toronto Press, 1978); Hugh Cunningham, Leisure in the Industrial Revolution (London: Croom Helm, 1980); Bruce Haley, The Healthy Body and Victorian Culture (Cambridge: Harvard University Press, 1978); and Robert Malcolmson, Popular Recreations and English Society 1700-1850 (Cambridge: Cambridge University Press, 1973). The social tensions surrounding boxing have also been explored by several well-known novelists; see George Bernard Shaw, Cashel Byron's Profession (Carbondale: Southern Illinois Press, 1968 (1886)); Jack London, The Game and the Abysmal Brute (London: Arco, 1967 (1907)); and Hugh MacLennan, Each Man's Son (Toronto: Macmillan, 1981 (1951)). Shaw and London, writing before World War I, are generally sympathetic to boxing and boxers; MacLennan, writing after World War II, is not.

7. Thomas Hughes, Tom Brown's School Days (London: Macmillan, 1979 (1857)), p. 246; see also J.A. Mangam, Athleticism in the Victorian and Edwardian Public School (Cambridge: Cambridge University Press, 1980).
8. Barbara Schrodtt et al., Sport Canadian (Edmonton: Executive Sport Publications, 1980), p. 34.
9. Physical Education Committee, National Council of YMCAs of Canada, "A Statement on Boxing," May 1954. Similar developments took place in the United States, although a new college boxing association has recently been established; see Angus Paul, "College Boxing Wins and Loses Rounds in its Fight to Gain Respectability," Chronicle of Higher Education, June 15, 1983.
10. William Orban, Report of the Investigation of Amateur Boxing in Canada (Ottawa: Fitness and Amateur Sport, 1969), p. 60.

11. United States Congress, Senate, Committee of the Judiciary, Subcommittee on Anti-Trust and Monopoly, "Professional Boxing Hearings," 86th Congress, Second Session, September 5-14, 1960; see also Barney Nagler, James Norris and the Decline of Boxing (Indianapolis: Bobbs-Merrill, 1964).
12. Interview with Randy Gordon, Ring, September 6, 1983. Although there is no breakdown of this statistic available, it is believed that the great majority of deaths occurred in professional boxing.
13. Paul Montgomery, "State Boxing Ban Ends Next Month," New York Times, December 20, 1979.
14. Regie de la securite dans les sports, Gouvernement du Quebec, Professional Boxing in Quebec: A Study (Quebec, 1981) and Final Report of the Task Force on Boxing in Canada (Ottawa: Ministry of Fitness and Amateur Sport, 1981).
15. Palango, "Ontario plans inquiry."
16. Letter, Hamilton to Bradley, May 15, 1979.
17. R.R. Wittenberg, "The Athletics Control Act," internal Ministry of Culture and Recreation paper, 1978. The history of the jurisdictional tangle is summarized in this document.
18. The Athletics Control Act, R.S.O. 1980, ch. 34.
19. Memorandum of Understanding, Ministries of Consumer and Commercial Relations and Culture and Recreation, May 16, 1979.
20. Interview with Clyde Gray, November 12, 1982.

21. Ministry of Culture and Recreation, Sports and Fitness Branch, "Provincial Sport Association Recognition Policy and Guidelines for Financial Support, 1982-83," August 1981, p. 4.
22. See, for example, Rex MacLeod, "Gray has fight on his hands," Toronto Star, April 3, 1980.
23. Ralph Wiley, "Then All the Joy Turned to Sorrow," Sports Illustrated, November 22, 1982.
24. Charles-Gene McDaniel, "Amateur boxing should be counted out: AMA," Medical Post, July 26, 1983.
25. "Norway bans pro boxing," New York Times, June 4, 1980.
26. Letourneau and Manganas, "La legalite des sports violents," p. 276.
27. Highway Traffic Act, R.S.O. 1980, ch. 34, s. 88.
28. Professional Boxing in Quebec, p. 15.
29. Richard J. McCormick, "Is Professional Boxing Immoral?" in Ellen Gerber, ed., Sport and the Body (Philadelphia: Lea and Febiger, 1972), pp. 271-78.
30. Al Sokol, "Boxing under fire by doctors in U.S.," Toronto Star, July 12, 1983.
31. Orban, Report, pp. 36-37.
32. In addition to the CABA coaching manuals, see David James, Better Boxing (London: Kaye and Ward, 1970) and Boxing: An Advanced Coaching Handbook (London: Kay and Ward, 1972); James has been a principal advisor to CABA.

33. David Noonan, "Boxing and the Brain," New York Times Magazine, June 12, 1982, p. 62.
34. See, for example, Jean-Marie Brohm, Sport: A Prison of Measured Time (London: Ink Links, 1978); Bero Rigaur, Sport and Work (New York: Columbia University Press, 1981); and Rob Beamish, "Sport, Value and the Fetishism of Commodities: Central Issues in the Alienation of Sport Labour," Proceedings of the First Regional Symposium of the International Committee on Sport Sociology (Vancouver: School of Physical Education and Recreation, University of British Columbia, 1981).
35. See John McMurtry, "Philosophy of a Corner Linebacker," Canadian Dimension, 8,2 (1971) pp. 9-11.
36. James E. Marlow, "Popular Culture, Pugilism and Pickwick," Journal of Popular Culture, 15,4 (1982), p. 28.
37. Roland Barthes, Mythologies (London: Jonathan Cape, 1972), p. 15.
38. A.J. Liebling, "Ahab and Nemesis," The Sweet Science (Harmondsworth: Penguin, 1982), pp. 302-303.
39. Michael D. Smith, Violence and Sport (Toronto: Butterworths, 1983), pp. 165-170.
40. For a discussion of this literature see Smith, pp. 131-187; Ian Taylor, "Class, Violence and Sport: The Case of Soccer Hooliganism in Britain," in Hart Cotelon and Rick Gruneau, eds., Sport, Culture and the Modern State (Toronto: University of Toronto Press, 1982) pp. 39-96; and Roger Ingham, ed., Football Hooliganism: The Wider Context (London: InterAction Imprint, 1978).

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41. Smith, Violence and Sport, pp. 148-49.
42. Thelma McCormack, "A Square Called a Ring: A Study of Hollywood Fight Films," Lamarsh Research Program on Violence and Conflict Resolution, York University, Report No. 2, April 1982.
43. Terry Furst, "The Boxer and His Audience," Ommo Grupe et al., eds., Sport in the Modern World-Chances and Problems (New York: Springer Verlag, 1973), pp. 421-22.
44. Cross-Canada Check-Up, December 19, 1982.
45. We are grateful to Ken Dryden for this observation.
46. See, for example, Smith, pp. 45-74; Deborah S. David and Robert Brannon, eds., The Forty-Nine Percent Majority (Don Mills: Addison-Wesley, 1976); Dorothy Dinnerstein, The Mermaid and the Minotaur (New York: Harper and Row, 1976); and Donald F. Sabo and Ross Runfola, eds., Jock: Sports and Male Identity (Toronto: Prentice-Hall, 1980). For the classic account of changing norms of "civilized behaviour," see Norbert Elias, The Civilizing Process (London: Basil Blackwell, 1978).
47. Council on Scientific Affairs, "Brain Injury in Boxing," Journal of the American Medical Association, 249,2, (January 14, 1983), p. 255.
48. H.S. Martland, "Punch drunk," JAMA, 91 (1928), pp. 1103-1107.
49. H.A. Kaplan and J. Browder, "Observations on the clinical and brain wave patterns of professional boxers," JAMA, 156 (1954), pp. 1138-1144.

50. M. Critchley, "Medical aspects of boxing, particularly from a neurological standpoint," British Medical Journal, 5015 (1957), pp. 362-64.
51. A.H. Roberts, Brain Damage in Boxers (London: Pitman Medical Scientific Publishing, 1969).
52. J. Johnson, "Organic psychosyndrome due to boxing," British Journal of Psychiatry, 115 (1969) pp. 45-53.
53. J.A.N. Corsellis et al., "The aftermath of boxing," Psychological Medicine, 3 (1973), pp. 270-303.
54. I.R. Casson, et al., "Neurological and CT evaluation of knocked out boxers," Journal of Neurology, Neurosurgery, and Psychiatry, 45 (1982), pp. 170-74.
55. Robert H. Boyle and Wilmer Ames, "Boxing: A Special Report," Sports Illustrated, April 11, 1983, pp. 60-63.
56. R.J. Ross et al., "Boxers--Computed Tomography, EEG and Neurological Evaluation," JAMA 249,2 (1983) pp. 211-13.
57. A. Thomassen et al., "Neurological, electroencephalographic and neuropsychological examination of 53 former amateur boxers," Acta neurologica scandinavica 60 (1979), pp. 352-62.
58. Although athletes in other sports risk head injuries, including concussion, we were not able to obtain any reliable comparative data; see "Round Table: Concussion and Head Injuries," The Physician and Sportsmedicine. October 1974, pp. 46-54.
59. Letter, University of Toronto Ombudsman to Director of Athletics and Recreation, March 17, 1978.

60. American Medical Association Council on Scientific Affairs, "Brain Injury in Boxing," pp. 256-57.
61. J.L. Blonstein and E. Clarke, "The medical aspects of amateur boxing," British Medical Journal, 4903 (1954), pp. 1523-25; and "Further observations on the medical aspects of amateur boxing," BMJ, 5015 (1957), pp. 362-64.
62. Thomassen, et al. This is supported by other evidence. Corsellis and his colleagues examined the brains of two former amateur boxers, neither of which exhibited the same damage as those of professionals, nor did either man exhibit mental abnormalities. cf. J.K. Cruikshank et al., "Two cases of acute intercranial hemorrhage in young amateur boxers," Lancet, 1 (1980), pp. 626-27; and M. Kaste et al., "Is chronic brain damage in boxing a hazard of the past?" Lancet 2 (1982), pp. 1186-88.
63. A much lower knockout rate--4 percent--was found in a study of professional boxers in New York in the period, 1953-77; see Ira A. McCown, "Boxing safety and injuries," Physician and Sportsmedicine 7, 3, 1979, pp. 74-82. But even this is more than four times the rate Blonstein and Clarke and our committee found in amateur boxing.
64. Lepp v. Hopp (1980), N.R. 145, 161.
65. Carolyn E. Thomas, Sport in a Philosophic Context (Philadelphia: Lea and Febiger, 1983), pp. 198-99.
66. Jacques Dessmeault et Rene Therrien, Caracteristiques de l'energie absorbee et de la force transmise par les gants de boxe (Trois Rivieres: Regie de la securite dans les sports, 1981).

67. "Commission orders thumbless gloves," New York Times, November 3, 1981; see also Ken Hamilton, "Survey of Thumbless Boxing Gloves," June 10, 1983.
68. Interview with Wolfgang Behrendt, 1956 Olympic bantamweight champion, Berlin, May 2, 1983.
69. Presentation by Electrosport, March 23, 1983.
70. Final Report of the Task Force on Boxing in Canada, p. 75.
71. Interview with Abby Hoffman, Director of Sport Canada, August 23, 1983.
72. Sports Medicine Council of Canada, "National Survey on Doping in Amateur Sport," 1983.
73. Dr. Bruce Stewart, Medical Director, Etobicoke Medical Buildings.
74. Letter, Gaskin to Bradley, April 9, 1981.
75. Letter, Gaskin to Hamilton, August 16, 1981.
77. "It's true that Peter Wylie asked me not to let Asif fight in Charleston but I felt strongly we had an obligation to fulfill," Fraser told the press. Ken Fidler, "These guys are fighting mad," Toronto Sun, April 2, 1981.
77. Statement by Asif Dar, June 4, 1981.
78. Letter, Dr. Joseph Greenberg to Clyde Gray, June 4, 1981.
79. Letter, Peter Wylie to Harold Smyth, April 8, 1981.

80. Letter, Hamilton to Gaskin, July 13, 1981.
81. Letter, Hamilton to Smyth, December 2, 1981.
82. See, for example, John Barnes, Sports and the Law in Canada (Toronto: Butterworths, 1983).
83. Letter, Seed, Howard, Cook, and Caswell (Boxing Ontario) to Lang, Michener, Cranston, Farquharson, and Wright (Hamilton), March 1, 1982.
84. Interview with Shneidman, December 16, 1982.
85. Norman Shneidman, The Soviet Road to Olympus (Toronto: OISE, 1978); James Riordan, Sport in Soviet Society (Cambridge: Cambridge University Press, 1977); and Doug Gilbert, The Miracle Machine (New York: Coward, McCann and Geoghegan, 1980).
86. Minutes of the 1st Medical Conference of Boxing Ontario, March 5, 1983.
87. Hamilton, Summary of Recommendations, March 13, 1983.
88. Letter, Hamilton to Board of Directors and Membership of Boxing Ontario, November 25, 1980.
89. Letter, Hamilton to Scrivener, November 1, 1980.
90. Letter, Smyth to Hamilton, December 10, 1980.
91. Letter, Orbach, Katzman, and Roth (Hamilton) to Smyth, January 7, 1981.
92. Letter, Hamilton to "selected members of Boxing Ontario," May 1981.

93. Meeting with Boxing Ontario Executive, March 13, 1983; see also John Cairns, "Plot Thickens in Boxing Row," Sault Ste. Marie, February 10, 1983.
94. Anthony Wallace, The Death and Rebirth of the Seneca (New York: Random, 1972), p. 42.
95. Hamilton, "Position Paper," August 24, 1982.
96. Bruce Kidd and Mary Eberts, Athletes' Rights in Canada (Toronto: Ministry of Tourism and Recreation, 1982).
97. "AIBA Eligibility Code," 1982, and International Olympic Committee, Olympic Charter 1983 (Lausanne: IOC, 1983).
98. Boxing Ontario, "Questionnaire re: Professionals Involved in Amateur Boxing: Answer Sheet," 1981.
99. "Prize Fights," The Criminal Code, S.C. 1970, ch. 34, s. 81.
100. The Boxing and Wrestling Act, R.S.M. 1970, ch. 80; interview with Owen Desnoyes, Manitoba Amateur Boxing Association, July 27, 1983.
101. Michigan Compiled Laws Annotated, Vol. 17 (supplement), Art. 8, pp. 339-801.
102. The Boxing Authority Act, S.N.S. 1973, c.3.
103. The Safety in Sport Act, S.Q. 1979, ch. 86; the hockey report was Gilles Neron et al., Rapport Final du Comité d'Etude sur la Violence au Hockey Amateur au Québec (Quebec: Haut-Commissariat à la Jeunesse, aux Loisirs et aux Sports, 1977).
104. Professional Boxing in Quebec, p. vii.

105. Gouvernement du Quebec, Decrets 3072-76, December 21, 1982.
106. Smith vs. Horizon Aero Sports Ltd. et al, British Columbia Supreme Court, Spencer J., December 9, 1981, 130 D.L.R. (3rd) pp. 91-111.
107. George Young, "Insurance program protects coaches," Champion 7,2, (1983) p. 9.
108. Mike Moore, "Tough Man Fight Prompts New Boxing Legislation," The Physician and Sportsmedicine, 10,5 (May 1982); Ministry of Consumer and Commercial Relations Newsrelease, "'Tough Guy' Bouts Won't be Sanctioned Warns Boxing Supervisor," undated.
109. This is the conclusion of Dr. Robert Goode, School of Physical and Health Education, University of Toronto, in a report on the risk of injury to female athletes commissioned by the Task Force on Equal Opportunity. Interview, June 15, 1983.
110. Jack Riddell, Legislature of Ontario, Standing Committee on Resources Development, "The Human Rights Code," September 24, 1981, 34; cf. Bruce Kidd, "Ontario legalizes discrimination," Canadian Women's Studies 4.3 (1983), pp. 69-71.
111. Eighty-one national Olympic committees entered the boxing events, compared to 104 in track and field, 69 in shooting, 57 in weightlifting, 54 in wrestling and 52 in cycling. Organizing Committee of the Games of the 20th Olympiad in Munich, Die Spiele (Munich: Pro Sport, 1974).

Bibliography of Medical Articles Reviewed

- Amelar, R.D. and Solomon C: Acute renal trauma in boxers. *Journal of Urology* 72:145, 1954
- Ayella, A.S.: Trauma in boxing. *Pennsylvania Medical Journal* 66:15-21, 1983
- Bass, A.L., eds: *Medical Aspect of Boxing*. Pergamon Press, Oxford, 1965
- Beaussart, M. Etude electroencephalographique systematique d'un groupe homogene de 100 jeunes boxers amateurs. *Revue Neurologique* 101:416--22, 1959.
- Beaussart, M. et al: Modifications de l'EEG enregistre immediatement apres combat chez les boxeurs. *Revue Neurologique* 100:392-3, 1959
- Beaussart, M. et al: L'electroencephalogramme enregistre immediatement apres traumatisme cranien. *Presse Medicale* 68:913-4, 1960
- Beaussart, M: L'EEG des boxeurs examines immediatement apres combat. *Revue Neurologique* 101: 422-7, 1959
- Blonstein, J.L. and Clarke, E.: The medical aspects of amateur boxing. *British Medical Journal* II:1523-5, 1954
- Blonstein, J.L.: Further observations on the medical aspects of amateur boxing. *British Medical Journal* I:362-4, 1957

- Blonstein, J.L.: Boxing injuries. *Practitioner* 182:515-7, 1959
- Blonstein, J.L.: Medical care of the boxer. In Bass et al, *Medical Aspects of Boxing*
- Blonstein, J.L.: *Boxing Doctor*. Stanley Paul, London, 1965, 11, 72
- Blonstein, J.L.: Proceedings of the Royal Society of Medicine 59:649-52, 1966
- Blonstein, J.L.: Boxing injuries. *Journal of the Royal College of General Practitioners* 18:100-3-1969
- Blonstein, J.L.: Care of the amateur boxer. *Journal of Sports Medicine* 17, 1977
- Bowman, K.M.: Psychotic states following head injury. In S. Brock. *Injuries of the Brain and Spinal Cord*. Cassel, London, 1960
- Brayne, C.E. et al.: Blood creatine kinase isoenzyme BB in boxers. *Lancet* 2:1308, 1982
- Brennan T.N. and O'Connor, P.J.: Incidence of boxing injuries in the Royal Air Force in the United Kingdom, 1952-66. *British Journal of Industrial Medicine* 25:326-9, 1968
- Bucy, P.: Electroencephalography in craniocerebral injury. *Journal of Occupational Medicine* 12:318-20, 1970
- Busse, E.W. and Silverman, A.J.: Electroencephalographic changes in professional boxers. *Journal of the American Medical Association* 149:1522-5, 1952

- Carp, G.: Boxing - the hazards and their prevention. *Nursing Times* 1738-40, 1974
- Carr, C.J. and Mody, A.M.: Boxer's hemorrhage. *California Western Medicine* 51:227-30, 1939
- Carroll, E.J.: Punch Drunk. *American Journal of Medical Science* 191:706-11, 1936
- Casson, I.R. et al: Neurological and CT evaluation of knocked-out boxers. *Journal of Neurology, Neurosurgery and Psychiatry* 45:170-4, 1982
- Christenberry, R.K.: Boxing in New York. *Journal of the American Medical Association* 151:317-8, 1953
- Clark, P.: Boxing or judo. *Journal of the Royal Naval Medical Service* 53:109-12, 1967
- Constantinides, J.: Lésions Neurofibrillaires d'alzheimer généralisées sans plaques seniles. *Archives Suisses de Neurologie, Neurochirurgie and de Psychiatrie* 100:117-130.
- Corsellis, J.A.N. and Brierley, J.B.: Observations on the pathology of insidious dementia following head injury. *Journal of Mental Science* 105:714-20, 1959
- Corsellis, J.A.N.: The limbic areas in Alzheimer's disease and in other conditions associated with dementia. In Wolstenholme, *Alzheimer's Disease and Related Conditions*
- Corsellis, J.A.N.: The pathological anatomy of the temporal lobe with special reference to the limbic areas. In *Modern Trends in Psychological Medicine*, Vol 2, 296-325. J.H. Price, ed. Butterworths, London, 1970.

-
- Corseilis, J.A.N.: The aftermath of boxing. *Psychological Medicine* 3:270, 1973
- Council on Scientific Affairs: Brain injury in Boxing. *Journal of the American Medical Association* 249:254-7, 1983
- Courville, C.B.: Punch Drunk. *Bulletin of the Los Angeles Neurological Society* 27:160-8, 1962
- Courville, C.B.: The mechanisms of boxing fatalities. *Bulletin of the Los Angeles Neurological Society* 29:59-69, 1964
- Critchley, McD.: Nervous diseases in boxers. *Medical Annals* 283-4, 1935
- Critchley, McD.: Nervous disorders in boxers. *Medical Annals* 318-20, 1937
- Critchley, McD.: Medical aspects of boxing particularly from a neurological standpoint. *British Medical Journal* 1: 357-62, 1957
- Critchley, McD.: Plenary session on exercise and sport punch drunk syndrome. *Ibid.* 2, 1961
- Critchley, McD.: Head injuries. In Bass et al, *Medical Aspects of Boxing*
- Cruikshank, J.K. et al: Two cases of acute intracranial hemorrhage in young amateur boxers. *Lancet* 1:626-7, 1980
- Denny-Brown, D. and Russell, N.W.: Experimental Cerebral Concussion. *Brain* 64:93-164, 1941.

- Dessureault, J. and Therrien, R.G.: Caracteristiques de l'energie absorbee et de la force transmise par les gants en boxe. Trois Rivières, La Regie de la Securite dans les Sports, 1981
- Doggart, J.H.: Fisticuffs and visual organs. Transactions of the Ophthalmological Societies of the United Kingdom. 71:53-9, 1951
- Doggart, J.H.: The impact of boxing upon the visual apparatus. Archives of Ophthalmology (New York) 54:161-9, 1955
- Doggart, J.H.: Blessures a la vision par la boxe. Bulletin d'occulist 44: 273-84, 1965
- Doggart, J.H.: Eye injuries. In Bass et al, Medical Aspects of Boxing
- Doggart, J.H.: The impact of boxing upon the visual apparatus. Archives of Ophthalmology (Chicago) 54:161-9, 1965
- Dulac, S.: Revue de la litterature sur la securite dans la boxe. Trois Rivières: La Regie de la Securite Dans les Sports, 1980.
- Elia, J.C.: Head injuries in Boxing. International Surgery 56: 334-42, 1971
- Ferguson, F.R. and Mawdsley, C.: Chronic encephalopathy in boxers. 8th International Congress of Neurology, Vienna, 1965
- Flood, F.B.: Albuminuria and Hematuria in Boxers. Journal of the American Medical Association 171:1678, 1959

- Foltz, E.L. et al: Experimental Cerebral Concussion. Journal of Neurosurgery 10:342-52, 1953
- Frey, U.: The relationship between anatomical site of injury and particular sports. Proceedings of the Royal Society of Medicine 62:917-9, 1969
- Gadd, C.W.: Criteria for Injury Protection. National Academy of Sciences. National Research Council Publications No. 977, 1962
- Gibbs, F.S. et al: Electroencephalographic classification of epileptic patients and control subjects. Archives of Neurology and Psychiatry 50:111-28, 1943
- Glenn, J.F. and Harvard, M.: The injured kidney. Journal of the American Medical Association 173:1189, 1960
- Gonzales, T.A.: Fatal injuries in competitive sports. Journal of the American Medical Association 146:1506-11, 1951
- Gordon, B.L., ed: Current Information and Terminology ed. 4, Chicago, American Medical Association 350, 1971
- Gordon, E.B. and Sim, M.: EEG in presenile dementia. Journal of Neurology, Neurosurgery and Psychiatry 30:285, 1967
- Gosse, C.L.: Final Report of the Task Force on Boxing in Canada. Fitness and Amateur Sport Branch, Ottawa, 1981
- Govons, S.R.: Brain Concussion and posture -- the knockdown blow of the boxing ring. Confinia Neurologica (Basel) 30:77-84, 1968.

- Grebe, H.: The Physician and Boxing. *Journal of Sports Medicine* 1:16-22, 1961
- Greenfield, J.G. and Bosanquet, F.D: The brainstorm lesions in parkinsonism. *Journal of Neurology, Neurosurgery and Psychiatry* 16:213-26, 1953
- Gronwall, D. and Wrightson, P.: Delayed recovery of intellectual funtion after minor head injury. *Lancet* 2:605-9, 1974
- Guillain, G. et al: L'encephalite traumatique et les syndromes Parkinsoniens chez les boxeurs professionnels. *Bulletin de l'Academie Nationale de Medicine* 132:394-406, 1948
- Gurdjian, E.S. and Lissner, H.R.: Deformation of the skull in head injury. *Surgery, Gynecology and obstetrics* 81:679, 1945
- Gurdjian, E.S. et al: Observations on the mechanism of brain concussion, contusion and laceration. *ibid.* 101: 1955
- Gurdjian, E.S. and Webster J.E.: *Head Injuries: Mechanisms, Diagnosis and Management.* Little Brown & Co., Boston, 1958
- Gurdjian, E.S.: Mechanism of scalp and skull injuries, concussion, contusion and lacerations. *Journal of Neurosurgery* 15:125, 1958
- Hardyment, A.F.: The deliberate punch. *British Columbia Medical Journal* 25:116, 1983
- Harvey, P.K.P. and Davis, J.N.: Traumatic encephalopathy in a young boxer. *Lancet* 2:928-9, 1974

- Haug, J.O.: Pneumoencephalographic states in mental disease. *Acta Psychiatrica Scandinavica* 38: Suppl. 165, 1962
- Hirano, A. and Zimmerman, H.M.: Alzheimer's neurofibrillary changes. *Archives of Neurology* 7:227-42, 1962
- Hoening, J. et al: Clinical and pathological aspects of the amnesic syndrome. *Journal of mental Science* 108:541-1962
- Hoening, J.: Biochemistry of mental function. *Confinia psychiatrica* 8:119, 1965
- Hollander D. and Strich, S.J.: A typical Alzheimer's Disease with congophilic angiopathy presenting with dementia of acute onset. In Wolstenholme, Alzheimer's Disease and Related Conditions
- Hooper, R.S. et al: Explosive rage following head injury. *Journal of Mental Science* 91:458-71, 1945
- Hunter, R. and Macalphine, I: Three Hundred Years of Psychiatry. Oxford University Press, 1964
- Isherwood, I. et al: Pneumoencephalographic changes in boxers. *Acta Radiologica* 5:654, 1966
- Jellinger, J. and Senelberger, F: Protracted post-traumatic encephalopathy, pathology, pathogenesis and clinical implications. *Journal of Neurological Sciences* 10:51-94, 1970
- Johnson, J: Organic psychosyndromes due to boxing. *Journal of the British Medical Association* 156:1138, 1954

- Johnson, J. Impotence and the Limbic System. *British Journal of Psychiatry* 111:300, 1965
- Johnson, J.: The EEG in traumatic encephalopathy of boxers. *Psychiatria Clinica* 2:204-11, 1969
- Johnson, J.: Organic psychosyndromes due to Boxing. *British Journal of Psychiatry* 115:45-53, 1969
- Johnson, J. et al: Peak accelerations of the head experienced in boxing. *Medical and biological engineering* 396-404, 1975
- Jokl, E.: The Medical Aspects of Boxing. J.L. Van Schaik, Pretoria, 1941
- Kaplan, H.A. and Browder, J.: Observations on the clinical and brain wave patterns of professional boxers. *Journal of the American Medical Association* 156:1138-44, 1954
- Kaste, M. et al: Is chronic brain damage in boxing a hazard of the past? *Lancet* 2: 1186-8, 1982
- Kleiman, A.H.: Hematuria in Boxers. *Journal of the American Medical Association* 168:1633-40, 1958
- Kral, V.A.: The amnesic syndrome. *Monatsschrift Fur Psychiatrie und Neurologie* 132:65, 1956
- Kremer, M. et al: A mid-brain syndrome following head injury. *Journal of neurology and Neurosurgery* 10:49, 1946
- La Cava G.: La cranio-encephalopathie traumatique des boxeurs. *Bruxelles Medical* 29:3233-45, 1949
- La Cava, G.: Boxer's Encephalopathy. *Journal of Sports Medicine* 3:87-92, 1963

- Larsson, L.E. and Melin, K.A.: Acute head injuries in boxers. *Acta Psychiatrica Scandinavica Supplement 95*, 1954
- Lewin, W.: *The Management of Head Injuries*. London, Bailliere Tyn dal, 1966
- Lindenberg, R. and Freytag, E.: The mechanism of cerebral contusions. *Archives of Pathology* 69:440-69, 1960
- Lissner H.R. and Gurdjian E.S.: A study of the mechanical behaviour of the skull and its contents when subject to injury blows. *Proceedings of the Society for Experimental Stress Analysis* 3:40, 1946
- Lundberg, G.D.: Boxing should be banned in civilized countries. *Journal of the American Medical Association* 249:250, 1983
- Mansell, P.W.A. and Hunt, A.C.: *Medicine, Science and the Law* 8:181, 1968
- Margerison, J.H. and Scott, D.F.: Huntington's Chorea: EEG and neuropathological findings. *Electroencephalography and Clinical Neurophysiology* 19:314, 1965
- Marquardsen, J.: Continued Neurological, Electro-Encephalographic and psychiatric investigation of boxers. *Acta Psychiatrica et Neurologica* 29, 1954
- Martland, H.S.: Punch Drunk. *Journal of the American Medical Association* 91: 1103-7, 1928
- Mawdsley, C. and Ferguson, F.R.: Neurological diseases in boxers. *Lancet* 2:795, 1963

- Mcalphine, D. and Page, F.: Mid-brain syndrome in a professional boxer. *Proceedings of the Royal Society of Medicine (London)* 42:792-3, 1949
- McCown, L.A.: Boxing injuries. *American Journal of Surgery* 98:509-16, 1959
- McCown, L.A.: Protecting the boxer. *Journal of the American Medical Association* 169:1409-13, 1959
- McCown, L.A.: Boxing safety and injuries. *Physician and Sportsmedicine* 7:75-82, 1979
- McMenemy, W.H. Dementias and progressive diseases of basal ganglia. In J.G. Greenfield, *Neuropathology*. Edward Arnold, London, 1961
- Mencken, H.L.: *The American Language*. Ed. 4. Alfred Knopf, New York, 1965
- Miller-Fisher, C.: Concussion Amnesia. *Neurology* 16:826-36, 1966
- Millsponaugh, J.A.: Dementia Pugilistica. *United States Naval Medical Bulletin* 35:297, 1937
- Muckle, D.S. *Sports Injuries*. Oriel Press, England, 1971
- Nesarajah, M.S. et al: Electroencephlographic Changes in Ceylonese Boxers. *British Medical Journal* 866-8, 1961
- Newburger, K.T. et al: Cerebral atrophy associated with boxing. *Archives of Neurology and Psychiatry* 81:403-8, 1959
- Neuburger, K.T.: Some neuropathological aspects of boxing. *Industrial, Medicine and Surgery* 9:440-1, 1960

- Novich, M.M.: Professional boxing needs a face lifting. *Journal of Sports Medicine (Torino)* 5:82-7, 1965
- Novich, M.M. What really happens in boxing? *Physican and Sportsmedicine* 2: 28-114, 1974
- Ommaya, A.K.: Experimental head injury in monkey. *Proceedings of Head Injury Conference*. Eds. W.F. Caveness and A.F. Walker. J.B. Lippincott Co. 1966
- Ommaya, A.K.: Nervous system injury and the whole body. *Trauma* 10:981-90, 1970
- Ommaya, A.K.: Trauma workshop report: Neural Trauma. *Trauma* 10:1068-71, 1970
- Ommaya, A.K. and Gennarelli, T.: Cerebral concussion and traumatic unconsciousness. *Brain* 97:633-54, 1974
- Ommaya, A.K.: Surgical management of head injuries in athletes. *Physician and sportsmedicine* 4:56-63, 1976
- Ommaya, A.K. et al: Boxing produces the most severe head injuries. *Physician and Sportsmedicine* 4:87-9, 1976
- Orban, W.A.R.: The report of the investigation of amateur boxing in Canada. *Fitness and amateur sport directorate*, Ottawa, 1968
- Papez, J.W.: A proposed mechanism of emotion. *Archives of Neurology and psychiatry* 38: 725-43, 1937
- Parker, H.L.: Traumatic encephalopathy ("Punch Drunk") of professional pugilists. *Journal of Neurology and Psychopathology* 15:20-8, 1934
- Parkinson, D.: The biomechanics of concussion. *Clinical Neurosurgery, Proceedings of the Congress of*

- neurological Surgeons, Los Angeles, California, 1981.
Williams and Wilkins, Baltimore, 131-45
- Payne, E.E.: Brains of Boxers, Neurochirurgia (Stuttgart) 11:173-89, 1968
- Pilleri, G. and Poeck, K.: Sham rage-like behaviour in a case of traumatic decerebration. Confinia Neurological 25:155-66, 1965
- Potter, J.M.: The Practical Management of Head Injuries. Lloyd Luke, London, 1961
- Pudenz, R.H. and Sheldon C.H.: Lucite Calvarium - Method for direct observation of brain cranial trauma and brain movement. Journal of Neurosurgery 3: 487-505, 1946
- Rimel, R.W. et al: Disability caused by minor head injury. Neurosurgery 9: 221-8, 1981
- Roberts, A.H.: Brain Damage in Boxers. Pitman, London, 1969
- Ross, R.J. et al: Boxers -- computed tomography, EEG and Neurological Evaluation. Journal of the American Medical Association 249:211-3, 1983
- Ryan, A.J. and Allman, F.L., Jr.: Sportsmedicine. Academic Press, New York, 1974.32,167
- Schmid, L. et al: Experience with headgear in boxing. Journal of Sports Medicine 8:171-6 1978
- Schmid, L.: Kidney lesions in boxing. Journal of Sports Medicine 265-8, 1970
- Schmid, J.T.: Incidence of cavum septi pellucidi and cavum vergae in 1,032 human brains. Archives of Neurology and Psychiatry 67:625-32, 1952

- Scott, W.W.: Physiology of concussion. Archives of Neurology and Psychiatry 43:270, 1940
- Sellier, K. and Unterharnscheidt, F.: Experimental studies on the mechanism of non-penetrating brain injuries. 4th International Congress of Neuro-Pathology, Munich 1961. Abstracts P. 82, Thieme, Stuttgart
- Sercl, M. and Jaros, O.: The mechanism of cerebral concussion in boxing and their consequences. World Neurology 3:351-7, 1962
- Sercl, M.: Les troubles tardifs posttraumatiques des blessures fermées du crane des boxeurs. Proceedings Vol. 1, 8th International Congress of Neurology, Vienna 1965, 253-5
- Shepherd, M.: Morbid jealousy. Journal of Mental Science 107:687, 1961
- Sherrington, D.S.: The Interactive action of the Nervous System. 2nd ed. Yale University Press, New Haven, 1947, 324-43
- Shetter, A.G. and Demakas, J.J.: The pathology of concussion: A review. In Advances in Neurology, Vol. 22. R.A. Thompson and J.R. Green, eds. Raven Press, New York, 1979, 5-14
- Smith, J.A.: A look at amateur boxing. Nova Scotia Medical Bulletin 142-4, 1976
- Smythes, J.R.: The Neurological Foundations of Psychiatry. Blackwell, Oxford, 1966
- Spillane, J.D.: Five boxers. British Medical Journal 11:1205-10, 1962

- Spillane, J.D.: The septum pellucidum in the "Punch Drunk" syndrome. Proceedings Vol. 1, 8th International Congress of Neurology, Vienna, 1967, 249-51
- Steele, J.C. et al: Progressive supranuclear palsy. Archives of Neurology 10:333-59, 1964
- Stengel, E: Psychopathology of Dementia. Proceedings of the Royal Society of medicine 57:911, 1964
- Strich, S.J.: Diffuse degenerations of the cerebral white matter in severe dementia following head injury. Journal of Neurology, Neurosurgery and Psychiatry 19:163-85, 1956
- Sumershill, F.: The Ignoble Art. Heinemann, London, 1956
- Symonds, C.: Mental disorder following head injury. Proceedings of the Royal Society of Medicine 30:1081, 1937
- Teasdale, G. and Jennett, B.: Assessment of coma and impaired consciousness. Lancet 2:81-4, 1974
- Thomassen, A. et al: Neurological, Electroencephalographic and neuropsychological examination of 53 former amateur boxers. Acta Neurologica Scandinavica 60:352-62, 1979
- Turton, E.C. and Warren, P.K.G.: Dementia: A clinical and EEG study of 274 patients over the age of 60. Journal of Mental Science 106:1493, 1960
- Umbach, W.: Long-term results of fornicotomy for temporal epilepsy. Confinia Neurologica 27:121-3, 1966
- Unterharnscheidt, F.: Tribute Sports Report, March 19, 1970, 21

- Unterharnscheidt, F.: About boxing: review of historical and medical aspects. Texas reports on Biology and Medicine 23:421-95, 1970
- Unterharnscheidt, F.: Head injury after boxing. Scandinavian Journal of Rehabilitation Medicine 4:77-84, 1972
- Van Allen, M.W.: The deadly degrading sport. Journal of the American Medical Association 249:251, 1983
- Victor, M. et al: A restricted form of cerebellar cortical degeneration occurring in alcoholic patients. Archives of Neurology 1:579-688, 1959
- Ward, A.A.: Physiological basis of concussion. Journal of Neurosurgery 15: 129, 1958
- Waycott, J.A.: Discussion and remarks. In Bass, Medical Aspects of Boxing
- Whitty CWM and Lishman, W.A.: Amnesia in cerebral disease. In CWM Whitty and OL Zangwill, eds., Amnesia. Butterworths, London, 1966
- Williams, M. and Pennybacker, J. Memory disturbances in third ventricle tumours. Journal of Neurology, Neurosurgery and Psychiatry 17:115, 1954
- Winterstein, C.E.: Head injuries attributable to boxing. Lancet 2:719-20, 1937
- Wolstenholme, G.E.W. and O'Connor M., eds: Alzheimer's Disease and Related Conditions. A Ciba Foundations Symposium. Churchill, London, 1970
- Yarnell, P.R. and Lynch, S.: Retrograde memory immediately after concussion. Lancet 1:863-4, 1970

Yarnell, P.R. et al: The "Ding", amnesic states in football injuries. *Neurology* 23:196-7, 1973

Youmans, S.R., Ed: *Neurological Surgery*. W.B. Saunders, New York, 1982

Zeman, W. and King, F.A.: Tumors of the septum pellucidum and adjacent structures with abnormal affective behaviour: an interior midline structure syndrome. *Journal of Nervous and Mental Disease* 127:490-502, 1958

Zhechev, E.: Take the load off Olympic boxing. Royal College of Physicians of London. Committee on Boxing, 1969

Appendix I1. **Persons Interviewed and Consulted**Association International de Boxe Amateur

Dr. K. Marker, Medical Commission

Jerry Shears, Vice-President

Canadian Amateur Boxing Association

Richard MacLean, President

Dr. J.S. Falletta, Medical Director

John Raftery, Athletes' Representative

Stuart Charbula, Executive Director

Boxing Ontario

Harold Smyth, President

Bill Cridland, Chief Official

Bill McLean, Vice-President

Frank Nolan, Director of Coaching

Dr. Ed Palacios, Medical Director

Nels Scavarelli, Director of Finance

David Sparkes, Provincial Registrar

Bill Webber, Corporate Secretary

Denis Bradley, Technical Director

Cornelius Derks, Executive Director

Ontario Amateur Boxing Association

Frank Bricker, President

Mae Bricker, Secretary

Cabbagetown Boxing Club

Ken Hamilton, Coach

Frank Roth, Counsel

Shawn O'Sullivan, Athlete

Peter Wylie, Coach

Ministry of Tourism and Recreation
Robert E. Secord, Assistant Deputy Minister
R.R. Wittenberg, Director, Recreation

Office of the Ontario Athletics Commissioner
Clyde Gray, Commissioner
Dr. Keith Auchinachie, Physician
Frank Allnutt, Official
Sammy Luftspring, Referee
Robert Bell, Referee
Jim Godfritch, Referee

Sport Canada
Abby Hoffman, Director
Judy Kent, Coaching Developing Coordinator

Electrosport
Richard Rusiniak, President
Yuri Blanarovich
James Christie

Suzanne Hotchkiss
President
Ontario Women's Amateur Boxing Association

David MacNamara
Director of Sport and Community Services
Nova Scotia

Giles Neron
President
Regie de la securite dans les sports

Dr. Robert Pelletier
University of Ottawa

Joe Rabel
Executive Director
Ontario Amateur Wrestling Association

Dr. Norman Shneidman
Department of Slavic Studies
University of Toronto

James Worrall
International Olympic Committee

2. Events attended by members of the Committee

<u>Event</u>	<u>Date</u>	<u>Location</u>
Labatt's Gloves	Oct. 30-31/82	Toronto
Level I and Level II Technical Coaching Courses	Nov. 27/82	Hamilton
St. Catharine's club show	Dec. 3/82	St. Catharines
Roddy MacDonald Tournament	Jan. 29-30/83	Toronto
Canada Winter Games	Feb. 18-Mar.2/83	Kenogami, Quebec

2. Events attended by members of the Committee (Cont'd)

<u>Event</u>	<u>Date</u>	<u>Location</u>
American Medical Association Seminar on Boxing Injuries	Feb. 18/83	Las Vegas, USA
OABA Club Show	Feb. 24/83	Brantford
North End Club Show	Feb. 27/83	Hamilton
Boxing Ontario, First Medical Conference	March 5/83	Toronto
Leipzig Junior Tournament	May 6/83	Leipzig, GDR
Boxing Ontario AGM	May 14-15/83	Toronto

Appendix 2

Here is a suggested wording for the "Informed Consent" form which should be attached to or incorporated within the CABA membership application form:

I am applying for CABA membership in order to engage in sparring and competitive boxing.

It has been explained to me that there are physical risks involved. I understand these risks are small, but that bruised ears and face, visual disturbances, concussion, long-term brain damage and very rarely, death, have occurred.

I also understand that reasonable protection is available in the form of good coaching, safe equipment and qualified officiating.

Signed:

Date:

Witnessed:

Signature of parent or guardian (if under 18 years)

Witnessed:

Appendix 3

Comparison of CABA and GDR Passports

CABA Passport

The bearer of this passport is at date of issue, a member in good standing of the Canadian Amateur Boxing Association (affiliated with A.I.B.A.), and an amateur competitor under A.I.B.A., and I.O.C. definitions, as such being entitled to all rights, privileges and courtesies.

This passport is the property of the Canadian Amateur Box Association, issued under its jurisdiction and authority, valid in all Provinces and Territories of Canada, and recognized by all A.I.B.A. affiliated organizations.

Ottawa, Canada

The 4th day of January, 1982

Canadian Amateur Boxing Association



(Boxer's Signature)

Name _____

Address _____

Club International Amateur Boxing Club

Date of Birth 02 04 64
D M Y

S.I.N. 268 292 911

Citizenship _____

No. of Bouts at Initiation of Passport 2

No. of Wins at Initiation of Passport 1

REGISTRATION

Year	Registration No.	CABA H.O. Verification
1982	Canadian Amateur 6-C39	<i>AK</i>
1983		
1984		
1985		
1986		

[illegible]

MEDICAL DATA

Date of First Medical _____

Declared fit to box (physician) _____

Blood Type _____

Allergies _____

Other Problems _____

INJURIES/CONCUSSIONS

Date	Type of Injury	Rest Period	Doctor's Initial

In Case Of Emergency, Please Notify:

Name _____

Address _____

Telephone _____

**INSTRUCTIONS
TO HOLDER**

1. This Passport is proof of membership and registration.
2. If it is lost it must be reported to the C.A.B.A. head office and a new passport will be issued at a cost of \$5.00.

THIS PASSPORT MUST BE PRESENTED
AT ALL SANCTIONED CONTESTS AS
WELL AS INTERNATIONAL COMPETITIONS.

GDR Passport*

German Boxing Association
of the German Democratic Republic

Startbook number _____

Registered only
through the BFA

Attention!

Keep this book safe and neat!

Without the Startbook, every
start is forbidden!First name and family name: _____
(own signature)

First name and family name: _____

Birth place: _____

Residence: Location: _____

Street: _____

Notice! The Startbook is to be handed
to the fight-judge before the
beginning of the event.The regulations of the WB are to be observed
exactly as rules for the conduct of the
event.The holder of the Startbook recognizes the
match rules and directions of the
department.

* English translation

Issued on: _____

Area Committee: _____

Stamp and signature

Startbook holder is a member of the
BSG/SG: _____

Admitted on: _____

Stamp and signature of BSG/SG

Certification of Withdrawal

The above holder has _____
withdrawn, according to regulations, on.

Stamp and signature of BSG/SG

BSG/SG Exchange

Name of BSG/SG: _____

District membership: _____

Admitted on: _____

Announced to the district

FA on: _____

Stamp and signature of BSG/SG

Holder has the sanction to start

For above BSG/SG from: _____

Location and date: _____

Stamp and signature of BSG/SG

Certificate of withdrawal

The holder has withdrawn, _____
according to regulations, on.

Stamp and signature of BSG/SG

Date	Head			Heart 1) see below		Lungs 2) see below breathing capacity	Abdomen (especially liver and spleen)	Limbs (Broken bones, pulls, sprains, etc.)	Central Nervous System (reflexes)	Able to start yes/no	Signature and stamp of medical doctor
	a) eyes b) hearing c) teeth	a) blood pressure b) pulse before	after								
	a)	a)									
	b)	b)									
	c)	c)									
	a)	a)									
	b)	b)									
	c)	c)									
	a)	a)									
	b)	b)									
	c)	c)									
	a)	a)									
	b)	b)									
	c)	c)									
	a)	a)									
	b)	b)									
	c)	c)									
	a)	a)									
	b)	b)									
	c)	c)									
	a)	a)									
	b)	b)									
	c)	c)									

1) Blood pressure and pulse before and after stress. Proof of semi-annual EEG report.

2) Proof of semi-annual radiology.

Sanction to start can only be granted if after every 10 fights an examination has been carried out. If fewer than ten fights have taken place in the last 6 months or if a fight has been ended with a knock out, then an examination must be carried out.

[illegible]

Important for the Sports Enthusiast!**Properties of the amateur:**

An amateur is one who through the practice of boxing has not received, or expects to receive, any benefits of wealth.

Health Care:

The prerequisite for active participation in Boxing is the registration of medical advice about the physical condition in the startbook.

After ten fights, or at the end of 6 months time, every fight must be medically examined. The result is to be recorded in the Startbook. Before every start the fighter must be examined by a medical doctor concerning his ability to fight.

All terminations must be recorded in the Startbook with red ink.

Behaviour of the fighter during the contest:

During the contest, every fight has to conduct himself, beyond a doubt, in a sportsman-like and moral fashion.

It is an obligation to take part in the fight and to conduct oneself in a sporting and fair manner.

It is especially obligatory to follow the match regulations and to strictly comply with the instructions of the fight referee.

Obey the preceeding sport qualities!

Appendix 4

**BOXING ONTARIO
PROPOSALS
FOR AMALGAMATING
AMATEUR BOXING**

To Whom It May Concern:

With the approval of my executive Committee, and in the best interests of amateur boxing in Ontario uppermost in mind, I consider this directive to be a genuine effort on the part of all members of Boxing Ontario to create a workable situation between the Ontario Amateur Boxing Association and Boxing Ontario. I am making a number of proposals which I trust will be acceptable to the President, Executive, Directors and Members of the Ontario Amateur Boxing Association, with the ultimate goal being one strong unified Amateur Boxing Association in the Province of Ontario, responsible to one Ministry and administered by the Rules and Regulations of Boxing Ontario and the Canadian Amateur Boxing Association.

PROPOSALS

1. Firstly, I wish to invite the President of the Ontario Amateur Boxing Association, or his delegated representative to join the Executive of Boxing Ontario in an ex-officio capacity.
2. Upon registering with Boxing Ontario, the member clubs of the Ontario Amateur Boxing Association will immediately have club voting rights with their respective regions and at legally constituted Meetings, thereby obtaining the privilege to propose changes to the Rules and Regulations of Boxing Ontario and the Canadian Amateur Boxing Association. Amendments to the Boxing Ontario Constitution and to elect individuals of their choice to Executive and Board positions within Boxing Ontario.

3. For the first year of amalgamation, it is agreed by my Executive Committee that only those officials, coaches and athletes willing to officiate, coach or COMPETE in sanctioned Competitions and Events will be required to register with Boxing Ontario and the Canadian Amateur Boxing Association.
4. Upon receipt of a list of present Ontario Amateur Boxing Association members, Boxing Ontario will for the first year of registration, allow those listed individuals the privilege of only paying the individual registration fees as required by the National Body (Canadian Amateur Boxing Association).
5. Ontario Amateur Boxing Association clubs and individuals will become eligible immediately upon registering with Boxing Ontario to compete in Provincial, National and International Competitions.
6. Ontario Amateur Boxing Association clubs registering with Boxing Ontario will be eligible to conduct sanctioned events and retain funds for club development obtained from such events.
7. Registered Ontario Amateur Boxing Association clubs will have the same privileges to host major Provincial and National Events as present Boxing Ontario clubs.
8. Individual athletes upon registration and obtaining a qualifying performance, are eligible to be selected for National and Provincial athlete financial assistance.
9. Present Ontario Amateur Boxing Association clubs registering with the Corporation will be afforded the chance to participate in the Boxing Ontario Combatives Annual Lottery which offers clubs the opportunity to obtain unlimited fund-raising dollars.

10. Clubs, officials, coaches and athletes will upon registration, be eligible immediately for Wintario lottery financial assistance, which primarily assists clubs in Competition travel expenses and boxing equipment purchases.
11. The services and assistance of the Boxing Ontario office and its professional staff will be available immediately to all registering Ontario Amateur Boxing Association members, for amateur boxing information, direction and correspondence.
12. Ontario Amateur Boxing Association registering members will immediately be eligible to participate in clinics for officials and coaches. In fact, upon request, I am willing soonest to issue instructions to conduct for all Ontario Amateur Boxing Association members, a special general information seminar to inform and discuss such important aspects of amateur boxing as officiating, coaching, Competitions and the Rules and Regulations of Boxing Ontario and the Canadian Amateur Boxing Association.
13. Boxing Ontario presently has an agreement with a reputable boxing equipment supplier who is more than willing to offer new clubs and members very respectable prices in the purchase of certified boxing equipment.
14. The following Commissions are presently structured within Boxing Ontario:
 - Medical
 - Officials
 - Coaches, and
 - Athletes.

All members of the Ontario Amateur Boxing Association will be eligible to take advantage of these Commissions.

Boxing Ontario and its members do not provide officials with payment of fees. However, we do ask that clubs pay to officials their individual travel expenses in the performance of their officiating duties.

The Rules and Regulations and sanctioning procedures are non-negotiable, as they involve the control and safety aspects of amateur boxing and can only be changed upon a majority decision of the members of the Canadian Amateur Boxing Association.

There are numerous other areas where the Ontario Amateur Boxing Association and its members will benefit from becoming registered individuals within Boxing Ontario; however, the individuals who have the most to gain are the athletes who through registration and involvement could achieve the ultimate goal of all our young amateur athletes. That is, to represent Canada in a major International Competition. Together we must do all possible to assist them to achieve this goal. If there are other areas of concern or further questions that need to be answered, I am available at any time for discussion. For the benefit of amateur boxing and its athletes, it is imperative that individuals involved in amateur boxing think and speak as one.

Yours in Amateur Boxing,

Harold Smyth
President
Boxing Ontario